

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038655

1. Entity Name

YBOR IV GROUP, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 27 PM 12:38

Principal Place of Business

Mailing Address

2112 N 15TH ST. SUITE 101  
TAMPA FL 33605

2112 N 15TH ST. SUITE 101  
TAMPA FL 33605-3648

2. Principal Place of Business

2109 E. Palm Avenue

3. Mailing Address

2109 E. Palm Avenue

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33605

Country

U.S.A.

Zip

33605

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, THOMAS J JR  
2112 N 15TH ST, SUITE 101  
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name McMullen, Thomas J. Jr

Street Address (P.O. Box Number is not acceptable)  
2109 E. Palm Avenue

Suite 206

City

Tampa

FL

Zip Code 33605

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Thomas J. McMullen, Jr. Thomas J. McMullen, Jr. 3-27-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME Thomas J. McMullen, Jr.  
STREET ADDRESS 2109 E. Palm Avenue, Suite 206  
CITY-ST-ZIP Tampa, Florida 33605

TITLE ☐ Change ☐ Addition  
NAME 500003195725--6  
STREET ADDRESS -04/04/00--01088--016  
CITY-ST-ZIP \*\*\*\*158.75 \*\*\*\*158.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. McMullen, Jr. Thomas J. McMullen, Jr., President 3-27-00 813-297-2844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)