

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039548

1. Entity Name

FLORIDA TOWER CORPORATION

Principal Place of Business

Mailing Address

10914 N 56TH ST.
TAMPA FL 33617

P.O. BOX 292841
TAMPA FL 33687-2841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARDO, CHARLES A JR.
502 CAROLYNE ST.
TAMPA FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SHEPPARD, KAREN G
STREET ADDRESS 4124 97TH AVE. E.
CITY-ST-ZIP TAMPA FL 33617

TITLE P ☒ Change ☐ Addition
NAME Sheppard, Karen G.
STREET ADDRESS 11502 N. 56th Street
CITY-ST-ZIP Tampa, FL 33617

TITLE ST ☐ Delete
NAME BERNARDO, CHARLES A JR.
STREET ADDRESS 502 CAROLYNE ST.
CITY-ST-ZIP TAMPA FL 33617

TITLE ST ☒ Change ☐ Addition
NAME Bernardo, Charles A. Jr.
STREET ADDRESS 6317 S. Queensway Drive
CITY-ST-ZIP Tampa, FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

813-985-9365
Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90163 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3578729 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E034 (9/99)