

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90008 014 ***150.00

DOCUMENT # P99000039548

1. Entity Name
FLORIDA TOWER CORPORATION

Principal Place of Business

**10914 N 56TH ST.
 TAMPA FL 33617**

Mailing Address

**P.O. BOX 292841
 TAMPA FL 33687**

2. Principal Place of Business

11504 N. 56th. St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

Country

33617 USA

4. FEI Number

59-3578729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BERNARDO, CHARLES A JR.
 502 CAROLYN ST.
 TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name **BERNARDO, CHARLES A. JR.**

Street Address (P.O. Box Number is Not Acceptable)
6311 S. QUEENSWAY DRIVE

City

TAMPA

FL

Zip Code

33617

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.

CHARLES A. BERNARDO, JR. SEC/TREAS.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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, 2002 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 **P** ☐ Delete
 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 **6317 S QUEENSWAY DRIVE**
 CITY-ST-ZIP **TAMPA FL 33617**

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 **SHEPHERD, KAREN G.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11502 North 56th St**
 CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **ST** ☒ Change ☐ Addition
 NAME **BERNARDO, CHARLES A JR.**
 STREET ADDRESS **6311 S. QUEENSWAY DR.**
 CITY-ST-ZIP **TAMPA, FL 33617**

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:

SIGNATURE REQUIRED
CHARLES A. BERNARDO, JR.

4/25/02

(813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)