

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053752

1. Entity Name

SUNSAIL TAMPA BAY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90107 029 ***150.00

Principal Place of Business

Mailing Address

1015 RIVERSIDE DRIVE
PALMETTO FL 34221

1015 RIVERSIDE DRIVE
PALMETTO FL 34221-5008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1045 B Riverside Dr

1045 B Riverside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palmetto, FL

Palmetto, FL

4. FEI Number

65-0930483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTIGREW, JOHN D
2620 MANATEE AVENUE WEST, SUITE "E"
BRADENTON FL 34205

Name Charles E. Massey

Street Address (P.O. Box Number is Not Acceptable)
1015 Riverside Dr.

City Palmetto

FL

Zip Code 34221

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

Charles E. Massey

(NOTE: Registered Agent signature required when reinstating)

1/11/00

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 B
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MASSEY, CHARLES E
STREET ADDRESS 275 MIMOSA CIRCLE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE D
NAME MASSEY, JUDY C
STREET ADDRESS 275 MIMOSA CIRCLE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address with other like empowered.

SIGNATURE:

Charles E. Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 (941) 723-1161C
Date Daytime Phone #