

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000067404**

1. Entity Name **TAMPA BEAD COMPANY**

Principal Place of Business Mailing Address

FILED
00 AUG 16 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address

7170US PARK MALL **2311 LYNCREST CT**
Suite, Apt. #, etc. Suite, Apt. #, etc.

1021 CITRUS PARK TOWNE CTR
City & State City & State
TAMPA FL VALRICO FL
Zip Country Zip Country
33625 Hills 33594 Hills

4. FEI Number **59-3591270** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BRIAN MCFARLAND
2311 LYNCREST CT
VALRICO, FL 33594

7. Name and Address of New Registered Agent

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 **B. McFarland** **PRES** **8/14/00**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

P/VISIT ☒ Change ☐ Addition

BRIAN MCFARLAND

2311 LYNCREST CT

VALRICO, FL 33594 ☐ Change ☐ Addition

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******150.00 ****150.00**

☐ Change ☐ Addition

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 life empowered.

SIGNATURE: **B. McFarland** **PRES** **813-6851757**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

For Filing Purposes ONLY
P99000067404

TO:

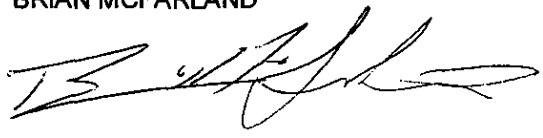
ANNA CHESTNUT

WE DID NOT RECEIVE OUR ANNUAL REPORT.

WOULD YOU PLEASE WAIVE THE PENALTY FEE!!

THANK YOU FOR YOUR COOPERATION AND ASSISTANCE..

BRIAN MCFARLAND

A handwritten signature in black ink, appearing to read 'B. McFarland', is written over the printed name. The signature is fluid and cursive.