2002 UNIFORM BUSINESS REPORT (UBR)

Jul 22, 2002 8:00 am Secretary of State P99000073791 **DOCUMENT#** 1. Entity Name 07-22-2002 90165 031 ***150.00 B \$ & ASSOCIATES OF TAMPA, INC. Principal Place of Business Mailing Address 13620 LAKE MAGDALENE BOULEVARD 13620 LAKE MAGDALENE BOULEVARD B0130970 NO.104 NO.104 **TAMPA FL 33618 TAMPA FL 33618** 3. Mailing Address 2. Principal Place of Business 3015 PEACOCK SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. JAM PA Applied For City & State 4. FEI Number City & State 59-3594914 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 33618 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARD JANDEFER DALY, BEVERLY M Street Address (P.O. Box Number is Not Acceptable) 13620 LAKE MAGDALENE BOULEVARD NO.104 3015 **TAMPA FL 33618** orputs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. - Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE TITLE DALY, BEVERLY, M NAME NAME 13620 LAKE MAGDALENE BOULEVARD #104 STREET ADDRESS STREET ADDRESS TAMPA FL 33618 CITY-ST-ZIP CITY-ST-ZIP ĐΡ ☐ Delete TITLE Change ☐ Addition TITLE Sandefer, Edward R NAME NAME 3015 PEACOCK LANE STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

AffachminB B0130900 75791

BS & ASSOCIATES OF TAMPA, INC. 3015 Peacock Lane Tampa, FL 33618

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL, 32302-1500

Gentlemen/Ladies:

Enclosed is BS & Associates' Uniform Business Report for 2002 along with check No. 1419 in the amount of \$150. The Report was originally filed in April on a timely basis but was returned because the payee was left blank on the check. I called 850-245-6059 and was told that the \$150 fee would still be acceptable under the circumstances.

Thank you.

Very truly yours,

Beverly M. Daly

Vice President

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