

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074294

1. Entity Name

W.A.R. MANAGEMENT OF TAMPA, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90157 032 ***150.00

Principal Place of Business

Mailing Address

~~4404 N GRADY AVE~~
~~TAMPA FL 33614~~

~~4404 N GRADY AVE~~
~~TAMPA FL 33614-7024~~

2. Principal Place of Business

3. Mailing Address

5522 HANLEY RD.

5522 HANLEY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL.

TAMPA, FL.

Zip

Country

Zip

Country

33615

U.S.

33615

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIMINSKI, JULIE~~
~~4404 N GRADY AVE~~
~~TAMPA FL 33614~~

Name

ROBERT BRESCIA

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

5522 HANLEY RD STE 112

City

TAMPA

FL

Zip Code

33615

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

Robert Brescia - V.P.

3/7/00

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	D	<input type="checkbox"/> Delete
NAME	ROZANSKI, WALT	
STREET ADDRESS	4404 N GRADY AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZANSKI, WALT	
STREET ADDRESS	5522 HANLEY RD, SUITE 112	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRESCIA, ROBERT	
STREET ADDRESS	5522 HANLEY RD SUITE 112	
CITY-ST-ZIP	TAMPA, FL. 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALT ROZANSKI 3-7-00 (813) 806-1538
PRESIDENT

Date

Daytime Phone #

CRE034 (9/99)