

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90031 022 ***150.00

DOCUMENT # P99000074294 ✓
1. Entity Name **W.A.R. Management of Tampa, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4404 N. Grady Ave. Suite, Apt. #, etc.	3. Mailing Address 4404 N. Grady Ave. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Tampa, Florida	City & State Tampa, Florida	4. FEI Number 59-3632336	Applied For Not Applicable
Zip 33614	Country U.S.	Zip 33614	Country U.S.
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Walt Rozanski**

Street Address (P.O. Box Number is Not Acceptable)
4404 N. Grady Ave.

Tampa,

City **Tampa** FL Zip Code **33614**

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  **Walt Rozanski** **04-28-02**
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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PVSTD Robert Brescia 4404 N. Grady Ave. Tampa, Florida 33614	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert Brescia** **04-28-02 (727)455-1764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)