2000 UNIFORM BUSINESS REPORT (UBR)

| TAMPA FL 3809-JIOS 2. Princ pal Place of Business 2202 North West Shore Boulevard Suite, Apt. #, etc. Sui | <u> </u> |
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| City & State Tampa, Florida 33607 Country Cou | 18 (() 199 (189 (|
| 33607 Country USA 5. Certificate of Status Desired | Applied For |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name | Not Applicable |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) Stop North Red St. Street Address (P.O. Box Number is Not Acceptable) Sth Floor City Tampa, FL Zip C 8. The above named entity submits this statement for the purchase of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, typed or printed name of register figure up the in applicable. Registered Agent algorithme registered agent, or both, in the State of Fiorida. Signature, typed or printed name of registered agent agent agent agent agent agent agent agent with an rematating) Atter MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. Vit. P. F. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Vit. P. F. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Vit. P. F. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. Tampa, Florida 33607 Title NAME SIREET ADDRESS CITY-ST-ZIP TITLE Chan TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Chan TITLE Cha | |
| TAMPA EL 33609 City Tampa, FL Zip C 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, bysed or printed name of registering floring and surplicable. (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy at Intangible Tax filing requirement and exists of so. (See criteria on back) The conformal name of registering floring and surplicable. (NOTE: Registered Agent signature required when reinstating) PLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. Visc P + 1c OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. Chan NAME STREET ADDRESS CITY-ST-ZIP Tampa, Florida 33607 City ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MA | vard |
| 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 register degree and the explicable. 9. This corporation is eligible to sparsfy its Intangible Tax filing requirement and electer to do so. (See criteria on back) 11. 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Chan NAME STREET ADDRESS CITY-ST-ZIP Tampa, Florida 33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>∘33607</u> |
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| SIGNATURE Signature, typed or printed name of regardingent and find applicable. (NOTE: Registered Agent signature required when reinstating) DATE | ł |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and electrons on back) State Continued | |
| Tax filing requirement and electro do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Add Check Payable to Department of State 11. Yic. (1. + Se. OFFICERS AND DIRECTORS) Title NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHan NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHan 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)(i), Florida Statutes. I further certify that the 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 off 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 1 changed, or on an attachment with an address, with all other like expowered. | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phon | ge 🔲 Addition |