

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90063 035 ***150.00

DOCUMENT # P99000089340

1. Entity Name

TAMPA BAY KIDS NET INC.

Principal Place of Business

Mailing Address

2723 BELLE HAVEN DR
CLEARWATER FL 33763

2723 BELLE HAVEN DR
CLEARWATER FL 33763

2. Principal Place of Business

3. Mailing Address

2555 Enterprise Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 14

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33763

USA

4. FEI Number

59-3613547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMACK, J ROBERT
2723 BELLE HAVEN DR
CLEARWATER FL 33763

Name

J. Robert McCormack

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

2555 Enterprise Rd

Unit 15

City

Clearwater

FL

Zip Code

33763

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

J. Robert McCormack

J. Robert McCormack

Vice President

4/24/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MCCORMACK, CRISTINA D
624 SEDGEWICK WAY
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
MCCORMACK, J ROBERT
624 SEDGEWICK WAY
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 like empowered.

SIGNATURE:

Cristina McCormack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

787-8342

Daytime Phone #

0369091

CR2E034 (10/00)