

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90063 020 ***150.00

DOCUMENT # P99000089340

1. Entity Name

TAMPA BAY KIDS NET INC.

Principal Place of Business

**2723 BELLE HAVEN DR
CLEARWATER FL 33763**

Mailing Address

**2555 ENTERPRISE ROAD
UNIT 14
CLEARWATER FL 33763**

2. Principal Place of Business

2555 Enterprise Road

Suite, Apt. #, etc.

Unit 15

City & State

Clearwater, FL

Zip

33763

Country

USA

3. Mailing Address

2555 Enterprise Road

Suite, Apt. #, etc.

Unit 15

City & State

Clearwater, FL

Zip

33763

Country

USA

4. FEI Number

59-3613547

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional

Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCCORMACK, J ROBERT
2555 ENTERPRISE ROAD
UNIT 15
CLEARWATER FL 33763**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

J. Robert McCormack

J. Robert McCormack

Date

2.22.02

Daytime Phone #

727-796-7666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)