

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90399 007 \*\*\*150.00

**DOCUMENT # P99000095080**

1. Entity Name

**TAMPA BAY HERMETICS OF FLORIDA, INC.**

Principal Place of Business

**4513 N. FLORIDA AVENUE  
TAMPA FL 33603**

Mailing Address

**4513 N. FLORIDA AVENUE  
TAMPA FL 33603**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3608588**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EUSTACE, JOSEPH A  
1802 NORTH MORGAN ST.  
TAMPA FL 33602**

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, 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

TITLE **D** ☐ Delete  
NAME **DRAKE, KELLY D**  
STREET ADDRESS **4513 N. FLORIDA AVE.**  
CITY-ST-ZIP **TAMPA FL 33603**TITLE **D** ☐ Delete  
NAME **DRAKE, TERRI THOMAS**  
STREET ADDRESS **4513 N. FLORIDA AVE.**  
CITY-ST-ZIP **TAMPA FL 33603**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *TERRI DRAKE***TERRI DRAKE****5/14/01****813-918-2045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

657144 Attachment  
P99000095080

*TAMPA BAY HERMETICS OF FLORIDA, INC.  
4513 N. FLORIDA AVENUE  
TAMPA, FL 33603-3726*

May 2, 2001

Division of Corporations  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is our report which is being filed late. We are a new company and are not yet familiar with the various reports to be filed. Our accountant discovered that we had not filed the document while preparing our corporate income taxes, which were on extension.

We request that the \$400 late filing fee be waived because we are a new company and this would represent a significant cost to our company.

Very truly yours,

Kelly Drake  
President