2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06375

TITLE

NAME STREET ADDRESS

1. Entity Name	OF TAMPA, INC.	•				
Principal Place of Business		Mailing Address				
3609 CAUSEWAY CRE TAMPA FL 33619 US	ESCENT	3609 CAUSEWAY CRESCENT TAMPA FL 33619 US				
2. Principal Place of Business		3. Mailing Address // Ave 50				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State Tampe, Fla				
Zip	Country	Zip Country				

FILED Apr 25, 2001 8:00 am Secretary of State

	O FOR TAMPA, INC.				04-25-2001 90	0004 013	3 ***158.7	75	
Principal Place	of Business	▼ Mailing Address							
609 CAUSEWAY CRESCENT		3609 CAUSEMAX CRESCENT TAMPA FL 33619							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address // Ave So							
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRIT	E IN THIS S	PACE		
City & State	>	City & State Tampe,	Fla	ļ	El Number 59-3113206		<u> </u>	plied For t Applicable	
Zip	Country	Zip 33669	Country A	5. (Certificate of Status Desired	J	\$8.75 Add Fee Required	itional d	ı
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Re	egistered A	gent		i
			Name						ι
7101	ARDS, ROBERT S. 49TH AVENUE SOUTH		Street Ad	ldress (P.O. E	Box Number is Not Acceptable)			ļ
IAMI	PA FL 33619		City			FL	Zip Code	 -	
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	named entity submits this statement for	ir the nurnoen of changing ite				rida			
8. The above	Tidined criticy substitute the statement is	ine purpose of changing its	registered office of	registered ag	gent, or both, in the state of Flo				
8. The above	Trained entry easing and eaterners to	in the purpose of changing its	registered office of a	registered aç	gent, or both, in the state of Fio				
8. The above	·					DATE		<u></u>	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signatur	re required when r		FAG. (1			
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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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE: 2

Delete

Change

☐ Addition