

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12179

1. Entity Name

THE CARIBBEAN COLLECITON, INC., A FLORIDA CORPOR

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90181 006 \*\*\*150.00

Principal Place of Business

Mailing Address

13902 N. DALE MABRY  
STE. 110  
TAMPA FL 33618  
US

PO BOX 271707  
TAMPA FL 33688-1707  
US

2. Principal Place of Business

3. Mailing Address

4129 W. KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2

City & State  
TAMPA FL

City & State

Zip  
33609

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3109044

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

BAUMANN, RUSSELL  
13902 N. DALE MABRY SUITE#110  
TAMPA FL 33618

Name BAUMANN, RUSSELL

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

4129 W. KENNEDY BLVD

STE 2

City TAMPA

FL

Zip Code 33609

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, 2000 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 CD  
NAME BAUMANN, RUSSELL  
STREET ADDRESS 13902 N DALE MABRY SUITE #110  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4129 W. KENNEDY BLVD STE 2  
CITY-ST-ZIP TAMPA FL 33609

TITLE VD  
NAME BAUMANN, SUZANNE  
STREET ADDRESS 13902 N DALE MABRY SUITE #110  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4129 W. KENNEDY BLVD  
CITY-ST-ZIP TAMPA FL 33609

TITLE  
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)