## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

% KIMBERLY BESCH KILLIAN

## DOCUMENT # V53412

1. Entity Name

Principal Place of Business

% KIMBERLY BESCH KILLIAN

COMMAND OF TAMPA BAY, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90096 047 \*\*\*150.00

JAATAAAz

TEMPLE TERRACE FL 33637  2. Principal Place of Business			TEMPLE TERRACE FL 33637  3. Mailing Address			
City & State			City & State		4. FEI Number 59-3134150 Applied For Not Applied Not Applied Discourage Property Not Applied D	
Zip		Country	Zip	Country	5. Certificate of Status Desired	¢0.75
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Regis	
•				Name		
Killian, I	KIMBERLY B	ESCH		Church And I	(CO D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6913 RIVE	RGATE AVE	NUE		Street Addres	ss (P.O. Box Number is Not Acceptable)	
TEMPLE 1	ERRACE FL	. 33637			· · · · · · · · · · · · · · · · · · ·	
â.		:		City		FL Zip Code
8. The above the obliga	e named entit tions of regist	y-submits this statement for ered agent.	or the purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Florida.	I am familiar with, and accept
₹ j3						
SIGNATURE		or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent signature requ	uired when reinstating)	DATE
	U.C.NOWN	. FEE 10 6450 00				
After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financin	9 \$5:00 May Be
Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees
10.		OFFICERS AND		T.a.		
TITLE	PSD	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICER	
NAME		MBERLY BESCH	☐ Delete	TITLE		Change Addition
STREET ADDRESS		RGATE AVENUE		NAME STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TE			CITY-ST-ZIP		
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NAME	,		☐ Delete	TITLE NAME		Change Addition
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AME				NAME		☐ Change ☐ Addition
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2. I hereby c	ertify that the	information supplied with	this filing does not qualify fo	or the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1AN 2/3/03

Daytime Phone #