

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55082

1. Entity Name

TAMPA JUICE HOLDING, INC.

FILED

03 MAY 29 PM 12:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2202 BARKER ROAD

3. Mailing Address

2202 BARKER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

4. FEI Number

59-3150966

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

2003 AMENDED

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

PHILIP W. TOPE

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

2202 BARKER ROAD

City

TAMPA

FL

Zip Code

33605

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.

Philip W. TOPE V.P.

(NOTE: Registered Agent signature required when reinstating)

May 23, 2003

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P/T
STEPHEN A. ODIO
2202 BARKER ROAD
TAMPA, FL 33605

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

500020540185
06/05/03--01016--013 **\$61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V/S
PHILIP W. TOPE
2202 BARKER ROAD
TAMPA, FL 33605

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AS
ALINA M. THOMPSON
2202 BARKER ROAD
TAMPA, FL 33605

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE

NAME

STREET ADDRESS

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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip W. TOPE V.P.

May 23, 2003 813/248-5190

Date

Daytime Phone #

CR2E034B (12/01)