

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90081 006 ***150.00

DOCUMENT # G84490

1. Entity Name

TAMPA TUBE CONTAINERS, INC.

Principal Place of Business

Mailing Address

**VICTOR J. BOLSA
 ANDERSON RD
 TAMPA FL 33634**

**% VICTOR J. BOLSA
 6605 ANDERSON RD
 TAMPA FL 33634-4401
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2380822**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BOLSA, VICTOR J.
 6605 ANDERSON RD
 TAMPA FL 33634**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOLSA, VICTOR		NAME	
STREET ADDRESS: 6605 ANDERSON RD		STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		CITY-ST-ZIP	
NAME: BOLSA, VICTOR		NAME	
STREET ADDRESS: 6605 ANDERSON RD		STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		CITY-ST-ZIP	
NAME: BOLSA, VICTOR J		NAME	
STREET ADDRESS: 6605 ANDERSON RD		STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		CITY-ST-ZIP	
NAME: BOLSA, VICTOR J.		NAME	
STREET ADDRESS: 6605 ANDERSON RD		STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Victor J. Bolsa, CEO

4/21/00

(813) 880-8823

CF E034 19/99