

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90083 017 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # G84490
 1. Entity Name
TAMPA TUBE CONTAINERS, INC.

Principal Place of Business % VICTOR J. BOLSA 6605 ANDERSON RD TAMPA FL 33634 US	Mailing Address % VICTOR J. BOLSA 6605 ANDERSON RD TAMPA FL 33634 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2380822	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BOLSA, VICTOR J.
6605 ANDERSON RD
TAMPA FL 33634

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOLSA, VICTOR	
STREET ADDRESS	6605 ANDERSON RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOLSA, VICTOR	
STREET ADDRESS	6605 ANDERSON RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOLSA, VICTOR J	
STREET ADDRESS	6605 ANDERSON RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BOLSA, VICTOR J.	
STREET ADDRESS	6605 ANDERSON RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANO BOLSA	
STREET ADDRESS	6605 Anderson Rd.	
CITY-ST-ZIP	Tampa, Fl 33634	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA M. BOLSA	
STREET ADDRESS	6605 Anderson Rd.	
CITY-ST-ZIP	Tampa, Fl 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor J. Bolso Date: 1/5/01 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)