

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G42535

**Entity Name:** TAMPA HUB CORPORATION

**Current Principal Place of Business:**

11400 GANDY BLVD  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

4611  
S CLARK AVE  
TAMPA, FL 33611 US

**FEI Number:** 36-3441213

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAYHOFF, TYRONE  
11400 GANDY BLVD  
ST. PETERSBURG, FL 33702 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | VTD                 | Title           | PS                  |
| Name            | DAYHOFF, TYRONE L   | Name            | DAYHOFF, TYRONE L   |
| Address         | 4611<br>S CLARK AVE | Address         | 4611<br>S CLARK AVE |
| City-State-Zip: | TAMPA FL 33611      | City-State-Zip: | TAMPA FL 33611      |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TYRONE DAYHOFF

**PRESIDENT**

**02/10/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date