

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G84490

**Entity Name:** TAMPA TUBE CONTAINERS, INC.

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC6833710906**

**Current Principal Place of Business:**

VICTOR J. BOLSA  
18116 SPENCER RD  
ODESSA, FL 33556

**Current Mailing Address:**

VICTOR J. BOLSA  
18116 SPENCER RD  
ODESSA, FL 33556 US

**FEI Number: 59-2380822**

**Certificate of Status Desired: No**

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

BOLSA, VICTOR J  
18116 SPENCER RD  
ODESSA, FL 33556 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 P  
Name BOLSA, VICTOR J  
Address 18116 SPENCER RD  
City-State-Zip: ODESSA FL 33556

Title V  
Name BOLSA, MARIANO  
Address 18116 SPENCER RD  
City-State-Zip: ODESSA FL 33556

Title S  
Name BOLSA, VICTOR J  
Address 18116 SPENCER RD  
City-State-Zip: ODESSA FL 33556

Title VTD  
Name BOLSA, VICTOR J  
Address 18116 SPENCER RD  
City-State-Zip: ODESSA FL 33556

*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: VICTOR J BOLSA**

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date