2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

TAMPA FL 33623-3488

3: Mailing Address

City & State

Suite, Apt. #, etc.

P.O. BOX 23488

DOCUMENT # N02350

1. Entity Name

STE 202 TAMPA FL 33606

Principal Place of Business

C/O 1315 S. HOWARD AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

INTERSTATE PARK OF COMMERCE OWNERS ASSOCIATION, INC.



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90462 006 ****61.25

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☐ CHECK HERE IF MAKING CHANGES									
4. FEI Number 50	-1989749	Applied For Not Applicable							
5. Certificate of Status Desired See Required Fee Required									
7. Name and Address of New Registered Agent									
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	FL	Zip Code							
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hen reinstating)	DATE								
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Zip		Country	Zip		Country	5. Certificate of St		Status Desired Status					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
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DIKMAN, ROBERT J 1315 S. HOWARD AVENUE					Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
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the obligat	ions of regist			changing its re	gistered office or	registe	red agent, or both, in	the State of Florida. I	am familiar v	vith, an	nd accept		
	Signature, typed	or printed name of registered agent ar	d title if applicable.	(NOTE: R	egistered Agent signatu	re require	d when reinstating)	DA	TE				
			9.	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State							
10.		OFFICERS AND DIRE	CTORS		11.		ADDITIONS/CHANG	L ES TO OFFICERS AND	DIRECTOR	S IN 1	0		
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12. I hereby c	certify that the	information supplied with t	his filing does r	not qualify for the	e exemption state	ed in Se	ection 119.07(3)(i), Flo	orida Statutes. I further	certify that the	he info	rmation		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE:

813-620-6500