2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#763611

FILED Apr 30, 2003 Secretary of State

Entity Name: GREATER TAMPA BAY CHAPTER NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS, **Current Principal Place of Business: New Principal Place of Business:** 4509 GEORGE RD. 6107-B MEMORIAL HIGHWAY TAMPA, FL 33634 TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 4509 GEORGE RD. 6107-B MEMORIAL HWY TAMPA, FL 33634 TAMPA, FL 333615 FEI Number: 59-2504370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GANG, NENA GANG, NENA 4509 GEORGE RD 6107-B MEMORIAL HWY TAMPA, FL 33634 TAMPA, FL 33615 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: 04/30/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PPD () Delete () Change () Addition GARDNER, SCOTT Name: Name: 1601 S MAIN ST #308 Address: Address: City-St-Zip: TULSA, OK 74119 City-St-Zip: Title: () Delete Title: () Change () Addition KRUEGER, ROBERT, Name: Name: Address: 6302 BENJAMIN RD 401 Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: PPD () Delete Title: () Change () Addition MINCEY, DON Name: Name: 13535 FEATHER SOUND DR Address: Address: City-St-Zip: CLEARWATER, FL 34622 City-St-Zip: () Delete Title: PPD Title: () Change () Addition LAW, RHEA Name: Name: 501 E KENNEDY BLVD #1700 Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: () Delete Title: DT (X) Change () Addition SARON, CAROLE, SCHEAFNOCKER, CAROL, Name: Name: 4509 GEORGE RD. 4921 MEMORIAL HWY #300 Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33634 Title: () Delete Title: () Change () Addition GANG, NENA Name: Name: Address: 4509 GEORGE RD. Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CAROL SCHEAFNOCKER DT 04/30/2003

TAMPA, FL

City-St-Zip: