

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000181

1. Entity Name

STB CAPITAL, LTD.

Principal Place of Business

Mailing Address

777 S. HARBOUR ISLAND BLVD., SUITE 765
TAMPA FL 33602

777 S. HARBOUR ISLAND BLVD., SUITE 765
TAMPA FL 33602

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3619270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDEE, BRETT ESQ
100 S. ASHLEY DRIVE
SUITE 1770
TAMPA FL 33602

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$405,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

405,900

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000000848
NAME GUIDE CAPITAL, LLC
STREET ADDRESS 777 S. HARBOUR ISLAND BLVD., SUITE 765
CITY-ST-ZIP TAMPA FL 33602

STREET ADDRESS

CITY-ST-ZIP

500005556505--0

-05/17/02--01024--021

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE REQUIRED

Date

Daytime Phone #

4-22-02

813-23-4995

0004244 AV

CR2E003 (9/01)