

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0013062  
AT

DOCUMENT # **A00000000239**

1. Entity Name  
**CONSTANCE C. COSTA, LTD.**

02 APR 25 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**109 CHESAPEAKE AVENUE  
TAMPA FL 33606**

Mailing Address  
**109 CHESAPEAKE AVENUE  
TAMPA FL 33606**

*FEI #  
59-3629227*



2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number  
**59-3629227** **APPLIED FOR**

Applied For  
Not Applicable

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

**COSTA, CONSTANCE C  
109 CHESAPEAKE AVENUE  
TAMPA FL 33606**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **\$700,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**COSTA, CONSTANCE C  
109 CHESAPEAKE AVENUE  
TAMPA FL 33606**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**COSTA, FRANK J  
123 CHESAPEAKE AVENUE  
TAMPA FL 33606**

STREET ADDRESS  
CITY-ST-ZIP

**300004898873--4  
02/11/02 01002 012  
\*\*\*\*587.50 \*\*\*\*437.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**300004898873--4  
-05/20/02--01100--018  
\*\*\*\*88.75 \*\*\*\*88.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Constance Costa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/21/02* *813-248-3297*  
Date Daytime Phone #

CR2E003 (9/01)