

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

DATE

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	COSTA, CONSTANCE C
STREET ADDRESS	109 CHESAPEAKE AVENUE
CITY-ST-ZIP	TAMPA FL 33606
DOCUMENT #	
NAME	COSTA, FRANK J
STREET ADDRESS	123 CHESAPEAKE AVENUE
CITY-ST-ZIP	TAMPA FL 33606
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004898873--4
CITY-ST-ZIP	02/11/02 01002 012 *****587.50 *****437.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004898873--4
CITY-ST-ZIP	05/03/02 01100 018 *****88.75 *****88.75
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)