

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 25 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000537

1. Entity Name

ALLOY VENTURES, LLLP

Principal Place of Business

11103 WINTHROP WAY  
TAMPA FL 33612

Mailing Address

11103 WINTHROP WAY  
TAMPA FL 33612

2. Principal Place of Business

10612 ORANGE GROVE DR.  
Suite, Apt. #, etc.

3. Mailing Address

10612 ORANGE GROVE DR.  
Suite, Apt. #, etc.



DUE BY MAY 1, 2002

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

01-0606538

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESQUEVEL, JULIO C  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

665,000.

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

DOCUMENT # P01000023681  
NAME ALLOY INVESTMENTS, INC.  
STREET ADDRESS 11103 WINTHROP WAY  
CITY-ST-ZIP TAMPA FL 33612

13. ADDRESS CHANGES ONLY

STREET ADDRESS

10612 ORANGE GROVE DRIVE

CITY-ST-ZIP

Tampa FL 33618

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000005451370--0

05/03/02 01104 022

\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

*Ray L. Dreyby*  
RAYMOND L. DREYBY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/02 813/220-1223  
Date Daytime Phone #

0013271 AT

CR2E003 (9/01)