

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000961

1. Entity Name

CFNT, LLLP

Principal Place of Business

601 BAYSHORE BLVD., SUIT E650
TAMPA FL 33609

Mailing Address

601 BAYSHORE BLVD., SUIT E650
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 650

Suite, Apt. #, etc.

SUITE 650

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number 59-3730685

Applied For

Not Applicable

Zip

33606

Country

Zip

33606

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

FUNK, CAROL LYNN

601 BAYSHORE BLVD., SUIT E650

TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 650

City

FL

Zip Code

33606

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.

Carol Lynn Funk

Jan 24, 2002

DATE

9. Capital Contributions as Shown on record.

\$2,750,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,000.00

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
CFNT, INC.
601 BAYSHORE BLVD., SUIT E650
TAMPA FL 33609

STREET ADDRESS
CITY-ST-ZIP
601 BAYSHORE BLVD, SUITE 650
TAMPA, FL 33606

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
900004880439--8

DOCUMENT #
NAME
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02/05/02 01052 022
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DOCUMENT #
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DOCUMENT #
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CITY-ST-ZIP

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NAME
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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:

Carol Lynn Funk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/7/02 (813) 251-1625

CP2E003 (9/01)

01/31/02 AI

FILED
02 JAN 28 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

