

2002 UNIFORM BUSINESS REPORT (UBR)

APPROV
AND
FILED

02 APR 25 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013278 AT

DOCUMENT # A01000001471

1. Entity Name

ALLOY VENTURES II, 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

Zip
33618

Country
USA

City & State
Tampa FL

Zip
33618

Country
USA

4. FEI Number

59-3755179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DARRELL 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.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,300,000.

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 DR.

CITY-ST-ZIP

Tampa FL 33618

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NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Roger L. Oraby

Date

Daytime Phone #

4/22/02 813/220-1223

CR2E003 (9/01)