

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08994**

1. Entity Name

TAMPA INDUSTRIAL DEVELOPERS, LTD.

Principal Place of Business

10919 N. DALE MABRY

Mailing Address

406 RUSS & ELLIS MGT. SVC., INC.

2. Principal Place of Business

3. Mailing Address

3030 N. ROCKY PT. DRIVE W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FL.

SUITE 560

City & State

City & State

33618 USA

TAMPA, FL.

Zip

Country

Zip

Country

33607

U.S.A.

FILED

01 MAY 11 PM 12:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JAMES J. CARLSTEDT

7. Name and Address of New Registered Agent

Name

JAMES J. CARLSTEDT

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

3103 SAMARA DRIVE

City

TAMPA

FL

Zip Code

33618

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

**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

SAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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06/14/01 01045 020
****526.25 ****526.25**

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

Date

Daytime Phone #

CR2E003 (11/00)