

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08994**

1. Entity Name

TAMPA INDUSTRIAL DEVELOPERS, LTD.

Principal Place of Business

~~10919 N. DALE MABRY~~
TAMPA FL 33618

Mailing Address

C/O GRUBB & ELLIS MGT. SERVICES, INC.
3030 N. ROCKY POINT DRIVE WEST, STE. 560
TAMPA FL 33607

2. Principal Place of Business

6201 JOHNS ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

4. FEI Number

59-2045754

Applied For

Not Applicable

Zip

33614

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSTEDT, JAMES J
3103 SAMARA DRIVE
TAMPA FL 33618-4307

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.

\$2,050,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # **653265**
NAME **TAMPA INDUSTRIAL MANAGEMENT CO., INC.**
STREET ADDRESS **3103 SAMARA DRIVE**
CITY-ST-ZIP **TAMPA FL 33618-4307**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

400005173144--2

CITY-ST-ZIP

-03/28/02--01004--005

******526.25 ****526.25**

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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:

James J. Carlstedt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

02 MAR 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)

STAPLE CHECK HERE