

2001 UNIFORM BUSINESS REPORT (UBR)

0009316 AF

DOCUMENT # **A19059**

1. Entity Name

SPOTO BUILDING, LTD.

FILED

Principal Place of Business

**C/O STORRINGTON CORPORATION
610 W. AZEELE STREET
TAMPA FL 33606-2273**

Mailing Address

**C/O STORRINGTON CORPORATION
610 W. AZEELE STREET
TAMPA FL 33606-2273**

**01 JUN - 1 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2539768

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AYE, WALTER E ESQUIRE
WALTER EDWARDS AYE, P.A.
610 W. AZEELE STREET
TAMPA FL 33606-2273**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$65,000.00

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 # **H33703**
NAME **THE STORRINGTON CORP.**
STREET ADDRESS **610 W. AZEELE**
CITY-ST-ZIP **TAMPA FL 33606**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**500004422615--2
-06/15/01--01066--011
****526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01

Date

Daytime Phone #

CR2E003 (11/00)