2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000331

1. Entity Name

STOKER-KRAEMER, LTD.

FILED

02 JUN 20 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3311 W. KENNEDY BLVD. TAMPA FL 33609-2903	3311 W. KENNEDY BLVD. TAMPA FL 33609-2903

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 65-0474452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required N/A

6. Name and Address of Current Registered Agent

KRAEMER, GEORGIENNE S
6118 GNARLED OAK DRIVE
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name GEORGIENNE S. KRAEMER

Street Address (P.O. Box Number is Not Acceptable) 3311 W. KENNEDY BLVD.

~~TAMPA, FL 33609-2903~~

City TAMPA, FL **FL** Zip Code 33609

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 Mark W Stoker Georgienne S. Kraemer 4/30/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,000,000.00		

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 #		STREET ADDRESS	4417 SWANN AVE
NAME	KRAEMER, GEORGIENNE S	CITY-ST-ZIP	TAMPA, FL 33609-3727
STREET ADDRESS	6118 GNARLED OAK DRIVE		
CITY-ST-ZIP	ENGLEWOOD FL 34223		
DOCUMENT #		STREET ADDRESS	
NAME	~~MARK W. STOKER MARK~~	CITY-ST-ZIP	
STREET ADDRESS	~~2625 S. DUNDEE ST~~		
CITY-ST-ZIP	~~TAMPA, FL 33629~~		
DOCUMENT #		STREET ADDRESS	500005910035--9
NAME		CITY-ST-ZIP	05/21/02 01071-010
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: Georgienne S. Kraemer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 (813)871-3839

Date Daytime Phone #