2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001754

1. Entity Name

THE NELLE M. RINALDI ENTERPRISE, LTD.

FILED

01 APR 26 PM 6 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4514 EAST ADAMO DRIVE TAMPA FL 33605	4514 EAST ADAMO DRIVE TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

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

Zip	Country	Zip	Country

4. FEI Number 59-3285624 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RINALDI, W. STEVE 4514 EAST ADAMO DRIVE TAMPA FL 33605	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 _____   DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **$2,000,000.00**	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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME RINALDI, NELLE M STREET ADDRESS 4514 EAST ADAMO DRIVE CITY-ST-ZIP TAMPA FL 33605	STREET ADDRESS 200004194232---5 CITY-ST-ZIP 05/10/01--01116--007 ****141.25 ****141.25 526.25 526.25
DOCUMENT # NAME RINALDI, W. STEVE STREET ADDRESS 4514 EAST ADAMO DRIVE CITY-ST-ZIP TAMPA FL 33605	STREET ADDRESS n/c CITY-ST-ZIP
DOCUMENT # NAME RINALDI, GAIL R STREET ADDRESS 4514 EAST ADAMO DRIVE CITY-ST-ZIP TAMPA FL 33605	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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_   4/23/01   813/247-3921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #