

2001 UNIFORM BUSINESS REPORT (UBR)

0014426 AF

DOCUMENT # **A95000001577**

1. Entity Name

INTRACOM PROPERTIES, LTD.

Principal Place of Business

**550 COMMERCE BLVD
OLDSMAR FL 34677**

Mailing Address

**P.O. BOX 12217
OLDSMAR FL 34677-6819**

FILED
01 JUN 12 PM 12:34

**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 **59-3343810**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GORDON, BRUCE H
C/O SHUMAKER, LOOP & KENDRICK
101 EAST KENNEDY BLVD, SUITE 2800
TAMPA FL 33602**

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.

\$148,646.00

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 # **L78835**
NAME **INTRACOM U.S.A., INC.**
STREET ADDRESS **6015 BENJAMIN ROAD, SUITE 312**
CITY-ST-ZIP **TAMPA FL 33624**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

550 COMMERCE BLVD

CITY-ST-ZIP

OLDSMAR, FL 34

STREET ADDRESS

CITY-ST-ZIP

8000004422748--8

-06/15/01--01069--028

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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:

SIGNATURE OF MICHAEL THIEL

6/8/2001

(813) 855-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)