

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**

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

**59-3343810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



**FILED**

**2002 MAY -8 AM 11:16**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

0015978 AT

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

**\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L78835**  
NAME **INTRACOM U.S.A., INC.**  
STREET ADDRESS **550 COMMERCE BLVD**  
CITY-ST-ZIP **OLDSMAR FL 34677**

STREET ADDRESS

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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**

**MICHAEL THIEL**

**4/30/2002**

**(813) 855-0550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CF2E003 (9/01)