

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001405

1. Entity Name

COBRO OF TAMPA, LTD.

Principal Place of Business

4100 E. 7TH AVENUE  
TAMPA FL 33605

Mailing Address

P.O. BOX 2522  
TAMPA FL 33601-2522

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

59-3394631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKERS, R. DEAN  
4100 E. 7TH AVENUE  
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

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:

\$5,000,000.00

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

STREET ADDRESS

CITY - ST - ZIP

~~THIBODEAU, COLLEEN  
ONE LAKE HOLLINGSWORTH DRIVE, #6  
LAKE LAND FL 33000~~

STREET ADDRESS

CITY - ST - ZIP

200003289602--7

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

AKERS, R. DEAN  
4100 E. 7TH AVENUE  
TAMPA FL 33605

STREET ADDRESS

CITY - ST - ZIP

-06/14/00-01100-019  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

AKERS, DREW  
135 GREENWOODS LANE  
LAKE LAND FL 33813

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

4/27/00

813 623-2827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (3/95)

FILED  
00 MAY -5 PM 2:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE