

2002 UNIFORM BUSINESS REPORT (UBR)

0001362 AT

DOCUMENT # A96000001405

1. Entity Name

COBRO OF TAMPA, LTD.

FILED

02 AUG 22 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4100 E. 7TH AVENUE
TAMPA FL 33605

P.O. BOX 2522
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

5505 Camille Ct

5505 Camille Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number 59-3394631

Applied For

Not Applicable

Zip 33558

Country USA

Zip 33558

Country USA

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

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

Name

Drew Akers

Street Address (P.O. Box Number is Not Acceptable)

5505 Camille Ct

City

Lutz

FL

Zip Code

33558

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Drew Akers

8/19/02

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
AKERS, R. DEAN
4721 SAN MIGUEL
TAMPA FL 33629

STREET ADDRESS
CITY-ST-ZIP
200007368412--6
-08/27/02--01034--017
*****926.25 *****926.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
AKERS, DREW
5505 CAMILLE STREET
LUTZ FL 33549

STREET ADDRESS
CITY-ST-ZIP
200007368412--6
-08/27/02--01034--017
*****926.25 *****926.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Drew Akers

Date

Daytime Phone #

8/19/02 (813) 478-8352

CR2E003 (4/02)