

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004694 AV

DOCUMENT # A97000001484

1. Entity Name
RODAR EQUIPMENT, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 PM 3:16

2/24

Principal Place of Business
3654 CYPRESS STREET
TAMPA FL 33607

Mailing Address
3654 CYPRESS STREET
TAMPA FL 33607



2. Principal Place of Business

2601 E. SECOND AVE

3. Mailing Address

2601 E. SECOND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number 59-3448518

Applied For

Not Applicable

Zip

33605-5503

Country

USA

Zip

33605-5503

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

KOEGLER, STEVEN C

10151 DEERWOOD PARK BLVD.

Address Change ->

BUILDING 100, SUITE 410

JACKSONVILLE FL 32256

Name

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

9995 GATE PARKWAY NORTH

SUITE 400

City

JACKSONVILLE

FL

Zip Code

32246

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.

DATE

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 FL. 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 # P97000047714
NAME RODAR UPCHARGE, INC.
STREET ADDRESS 3654 CYPRESS STREET
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS 2601 E. SECOND AVE
CITY-ST-ZIP TAMPA, FL 33605-5503

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

600012875926
02/21/03--01015--011 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb 13, 2003

Date

Daytime Phone #

CR2E003 (10/02)