2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004894 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	Mailing Address
3654 CYPRESS STREET TAMPA FL 33607	3654 CYPRESS STREET TAMPA FL 33607

2. Principal Place of Business	3. Mailing Address
2601 E. SECOND AVE	2601 E. SECOND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TAMPA, FL	TAMPA, FL
Zip: 33605-5503 Country: USA	Zip: 33605-5503 Country: USA

DUE BY MAY 1, 2003

4. FEI Number 59-3448518 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOEGLER, STEVEN C
10151 DEERWOOD PARK BLVD. Address Change →
BUILDING 100, SUITE 410
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,000,000.00		

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	STREET ADDRESS	2601 E. SECOND AVE
NAME	RODAR UPCHARGE, INC.	CITY-ST-ZIP	TAMPA, FL 33605-5503
STREET ADDRESS	3654 CYPRESS STREET		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600012875926 02/21/03--01015--011 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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 Feb 13, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #