

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90058 028 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # H93799 1. Entity Name SOUTH TAMPA INDUSTRIAL PARK, INC.			
Principal Place of Business % RICHARD L. BROWN P O BOX 18545 TAMPA FL 33679		Mailing Address P.O. BOX 18545 TAMPA FL 33679 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2635806		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, RICHARD L. 4001 GRANADA STREET SUITE 270 TAMPA FL 33629		7. Name and Address of New Registered Agent Name Brown, Richard L. Street Address (P.O. Box Number is Not Acceptable) 1810 South MacDill Avenue City Tampa FL Zip Code 33629	
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 <u><i>Richard L. Brown</i></u> DATE <u>1/7/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE PSD <input type="checkbox"/> Delete NAME BROWN, RICHARD L. STREET ADDRESS 4001 GRANADA STREET CITY-ST-ZIP TAMPA FL 33629		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Richard L. Brown</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/7/01</u> Daytime Phone # <u>(813) 258-0338</u>	

CR2E034 (10/00)