

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90231 033 ***150.00

DOCUMENT # L010Q0003459

1. Entity Name
SOUTH TAMPA RENTALS, L.L.C.

Principal Place of Business
2101 WEST PLATT ST., STE. 200
TAMPA FL 33606

Mailing Address
2101 WEST PLATT ST., STE. 200
TAMPA FL 33606

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1611 W. PLATT ST.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State TAMPA FL		4. FEI Number 59-3701244		Applied For ☐ Not Applicable
Zip 33606	Country USA	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
KEITH W. KOEHLER
 Street Address (P.O. Box Number is Not Acceptable)
C/O KOEHLER & COMPANY
1611 W. PLATT STREET
 City
TAMPA FL 33606

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 **3/8/02**
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT ST., STE. 200 TAMPA FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUM, JOHN 2101 WEST PLATT ST., STE. 200 TAMPA FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **03/08/02 813-857-5478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)