

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90072 033 \*\*\*\*50.00

**DOCUMENT # L01000012371**

1. Entity Name

**EMPIRE PROPERTY GROUP #1, LLC** ✓

Principal Place of Business

**8019-C WEST HILLSBOROUGH AVE.  
 TAMPA FL 33615**

Mailing Address

**8019-C WEST HILLSBOROUGH AVE.  
 TAMPA FL 33615**

2. Principal Place of Business

**10507 Out Island Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**10507 Out Island Dr**  
 Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

**33615**

Country

**USA**

Zip

**33615**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, STEPHEN C  
 315 S. HYDE PARK AVENUE  
 TAMPA FL 33606**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if 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 ☐ Delete  
 NAME **President**  
 STREET ADDRESS **Anna Mello**  
 CITY-ST-ZIP **10507 Out Island  
 Tampa FL 33615**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **Vice Pres**  
 STREET ADDRESS **Lisa Bruckner**  
 CITY-ST-ZIP **10507 Out Island  
 Tampa FL 33615**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

**Lisa Bruckner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/24/02 813-205-7337**

CR2E083 (9/01)