

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013203

1. Entity Name

TSCPR ARUBA, LLC

Principal Place of Business

5858 CENTRAL AVE.  
ST. PETERSBURG FL 33707

Mailing Address

5858 CENTRAL AVE.  
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

PO BOX 41847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ST. PETERSBURG, FL

Zip

Country

Zip

Country

4. FEI Number  
59-3736844

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEMBLER, GREGORY S  
5858 CENTRAL AVE.  
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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MGR  
SEMBLER, GREGORY S.  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

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-05/07/02--01024--016  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

BK

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:

*Signature Required*

Gregory S. Sembler, Mgr./Member 4/29/02 727-384-6000

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

Date

Daytime Phone #

CR2E083 (9/01)