

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90006 050 ****50.00

DOCUMENT # L01000019084

1. Entity Name

TNCP, LLC

Principal Place of Business

**611 WEST BAY STREET
TAMPA FL 33606-2703**

Mailing Address

**611 WEST BAY STREET
TAMPA FL 33606-2703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3757542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHIMBERG, JAMES H
611 WEST BAY STREET
TAMPA FL 33606-2703**

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

TITLE **PD** ☐ Delete
NAME **JAMES H. SHIMBERG**
STREET ADDRESS **10102 WHITE TROUT LANE**
CITY-ST-ZIP **TAMPA - FL - 33618-4310**

TITLE **EVP** ☐ Delete
NAME **ALBERTO A DE ALEJO**
STREET ADDRESS **10111 WOODSONG WAY**
CITY-ST-ZIP **TAMPA - FL - 33618-4213**

TITLE **STD** ☐ Delete
NAME **AMY G. SHIMBERG**
STREET ADDRESS **10102 WHITE TROUT LANE**
CITY-ST-ZIP **TAMPA - FL - 33618-4310**

TITLE **D** ☐ Delete
NAME **JAMES H. SHIMBERG JR**
STREET ADDRESS **1912 ARDSLEY ST.**
CITY-ST-ZIP **TAMPA - FL - 33629**

TITLE **D** ☐ Delete
NAME **NANCY S. PAIKOFF**
STREET ADDRESS **1378 FORESTEDGE BLVD.**
CITY-ST-ZIP **OLDSMAR - FL - 34677**

TITLE **D** ☐ Delete
NAME **ROBERT A. SHIMBERG**
STREET ADDRESS **3212 W FOUNTAIN**
CITY-ST-ZIP **TAMPA - FL - 33609**

10. ADDITIONS/CHANGES

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

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

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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:

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

JAMES H. SHIMBERG 01-17-2002

Date

Daytime Phone #

**<813>254-
7567
X4**

CR2E083 (9/01)

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