

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90057 022 ****55.00

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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**

20019929



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3757542**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3214 W FOUNTAIN**
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: *James H Shimberg*

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

Date

Daytime Phone #

01-21-03 ⁽⁸¹³⁾ **254-7567 x4**

CR2E083 (10/02)