

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90232 032 ****50.00

DOCUMENT # L01000019134

1. Entity Name
COVENTRY SQUARE OFFICE, LLC



Principal Place of Business
**20505 US HIGHWAY 19 NORTH, SUITE 502
CLEARWATER FL 33764**

Mailing Address
**3001 EXECUTIVE DRIVE
SUITE 250
CLEARWATER FL 33762-5324**

2. Principal Place of Business
3001 Executive Dr.

Suite, Apt. #, etc.
Suite 250

City & State
Clearwater, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33762-5324

Country
USA

Zip

Country

4. FEI Number **02-0550582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, ELLIOTT M
20505 US HIGHWAY 19 NORTH, SUITE 502
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name

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

3001 Executive Dr., Suite 250

City **Clearwater**

FL

Zip Code
33762-5324

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 **Elliott M. Ross**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-27-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
ROSS, ELLIOT M
20505 US HWY . 19 N #502
CLEARWATER FL 33764**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**3001 Executive Dr., Suite 250
Clearwater, FL 33762-5324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: **Elliott M. Ross**

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

3-27-03 727-725-2800

Date

Daytime Phone #

CR2E083 (10/02)