

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90596 017 \*\*\*\*55.00

**DOCUMENT # L01000019605**

1. Entity Name

**TAMPA BAY DEVELOPMENT, LLC**

Principal Place of Business

**8840 9TH STREET NORTH  
 ST. PETERSBURG FL 33702**

Mailing Address

**8840 9TH STREET NORTH  
 ST. PETERSBURG FL 33702**

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

**59-3756341**

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**OTTINGER, DAVID J ESQ.  
 401 EAST JACKSON STREET  
 SUITE 2700  
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **MOHAMMAD D. ADNAN RAHMAN**  
 Street Address (P.O. Box Number is Not Acceptable) **8840-9th STREET NORTH**  
 City **SP. PETERSBURG** FL Zip Code **33702**

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

*Mohammad D. Adnan Rahman*

**MANAGING PARTNER  
 GENERAL PARTNER 04/26/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING PARTNER MOHAMMAD D. ADNAN RAHMAN 8840-9th STREET No. ST. PETERSBURG, FL 33702</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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:

*Mohammad D. Adnan Rahman*

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

Date

Daytime Phone #

**04/26/02 (727) 804-6728**