

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 024 ****50.00

DOCUMENT # L02000014905



1. Entity Name

720 SOUTH HOWARD, LLC

Principal Place of Business

1801 WEST PLATT STREET
TAMPA FL 33606-1838

Mailing Address

1801 WEST PLATT STREET
TAMPA FL 33606-1838

2. Principal Place of Business

720 South Howard Ave

3. Mailing Address

720 South Howard Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

01-0723892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCINTOSH, ANDREW L
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Christopher Scott
Street Address (P.O. Box Number is Not Acceptable)
720 South Howard Ave
City Tampa FL Zip Code 33606

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]

Christopher Scott

04/07/03

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

TITLE Director ☐ Delete
NAME Christopher Scott
STREET ADDRESS 720 South Howard Ave
CITY-ST-ZIP Tampa FL 33606

TITLE Director ☐ Delete
NAME Timothy Ortiz
STREET ADDRESS 720 South Howard Ave
CITY-ST-ZIP Tampa FL 33606

TITLE Director ☐ Delete
NAME Peter Hannouche
STREET ADDRESS 720 South Howard Ave
CITY-ST-ZIP Tampa FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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]

Christopher Scott

813
503
1553

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

Date

Daytime Phone #

CR2E083 (10/02)