2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003204

1. Entity Name

OXTAL INVESTMENTS, LLC		,	
			V
Principal Place of Business	Mailing Address	_	
203 NORTH MARION STREET TAMPA FL 33602	203 NORTH MARION STREET TAMPA FL 33602		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	^	
City & State	City & State		

FILED Jul 29, 2002 8:00 am Secretary of State 07-29-2002 90002 010 ****50.00

Principal Place of Business Mailing Address 203 NORTH MARION STREET 203 NORTH MARION STI TAMPA FL 33602 TAMPA FL 33602					EET			(1)	16:1812 0:0	1 0 201 (2011)	85 (11 65 (11	BE((1) 85111 8	4144 111 18 11811		
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Suite, Apt. #, etc.			Suit	te, Apt. #, etc.	<u></u>	ń				DO N	IOT WRIT	E IN THIS	S SPACE		
City & State			City	& State			 .	4. FEI N	lumber	59-3	547436	<u>.</u>	-	Applied For	\Box
Zip	Zip Country		Zip	Zip Coun		ry -		5. Certificate of Status Desired			\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			· I			7. Nam	e and A	ddraee /	t New D	egistered		rea	-		
- · · · · · · · · · · · · · · · · · · ·					Name		- regin	C GIIG A	uicos (I IVEW IN	egisiereo	Аделі		\dashv	
OXTAL, RONALD A 203 N. MARION ST.				Street Ad	ddress (P.C). Box N	umber is	Not Ac	ceptable)	,			-		
IAM	PA FL 3360.	2										,		<u>.</u>	1
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8. The above the obligat	named entity tions of registe	submits this statement tered agent.	for the purp	ose of changing its	registered	d office or	registered	agent, d	or both, i	n the Sta	ite of Flor	ida. i am	familiar with	and accept	\exists
SIGNATURE .	Signature, typed o	or printed name of registered agen	it and title if appl	licable (NOT	E: Registered	Agent signatur	re required whe			·		_			
			7				6	n reinstatir	ng) 		-	DATE			4
	7			Make Check Pa	OW!!! Fi yeble to Septem	Departn	nent of S	tate							
9.		MANAGING MEMB	ERS/MANA	AGERS	10.		\$1	Mark.		ADD	TIONS/C	CHANGES	<u> </u>	-	-
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 I hereby ce indicated o 	ertify that the in	nformation supplied with	this filing d	oes not qualify for t	he exemp	tion stated	I in Section	119.07	(3)(i), Flo	orida Sta	tutes. I fu	rther cert	ify that the in	formation	1

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

813-209-9616 (132)