

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018091 AF

DOCUMENT # L99000002303

1. Entity Name
TRUE DOUBLE TWO, LLC

Principal Place of Business
7122 PELICAN ISLAND DRIVE
TAMPA FL 33634

Mailing Address
7122 PELICAN ISLAND DRIVE
TAMPA FL 33634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 N WESTSHORE BLVD
Suite, Apt. #, etc.
200A

3. Mailing Address
1111 N WESTSHORE BLVD
Suite, Apt. #, etc.
200A

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607

Country
USA

Zip
33607

Country
USA

4. FEI Number 59-3582969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, ET AL
% R. ALAN HIGBEE
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

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.

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 Department of State

300004302939--7
-05/23/01--01105--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHELLDORF, THOMAS A 7122 PELICAN ISLAND DRIVE TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERENZI, TERENZI M 7122 PELICAN ISLAND DRIVE TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1111 N Westshore Blvd 200A Tampa FL 33607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/P/S/T 1111 N Westshore Blvd 200A Tampa FL 33607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Luca Luongo REQUIRE

4/30/01

013 286 9192

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

Date

Daytime Phone #

CR2E083 (11/00)