2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: JELEN JET JE FIERENCE TERENZI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L9900002303

1. Entity Name

TRUE DOUBLE TWO, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90042 005 ****50.00

B13 2869192

Daytime Phone #

Date

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Principal Place of Business Mailing Address										
1171 10 172010110112 021011		1111 N. WESTSHORE BI TAMPA FL 33607	1111 N. WESTSHORE BLVD 200A TAMPA FL 33807		4 10051	nis ded 2018 1818 BBIS 88111	20111 90111 80110	ni ses init e l	1126 HILL (# 8 1	
2. Principal Pla	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Num	. FEI Number 59-3582969			Applied For Not Applicable	
Zip Country		Zip	Zip Country		- 5. • Certificat	te of Status Desired		5.00 Add	ditional	
	C. Normanual Address of Court	ant Bogletoved Agent	· · · ·		7 Nama ar	d Address of New Re		<u> </u>		
	6. Name and Address of Curre	ent Registered Agent		Name	7. Hante at	Id Address of Now The	glatorea Ag	<u></u>	-	
	'ler, white, gillen, boggs Alan higbee	, ET AL	-	Street Address	(P.O. Box Num	ber is Not Acceptable)	•••			
	e. Kennedy Blvd., suite 17 Pa Fl 33602	00			· ·		<u> </u>			
			l	City			FL	Zip Cod		
	named entity submits this statemer ons of registered agent.	1	L	office or registe	ered agent, or b	oth, in the State of Flor	ida. I am far	niliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered a	<u> </u>	NOTE: Registered A	gent signature requir	red when reinstating)		DATE			
				E IS \$50.00					-	
		Make Check Pay	able to Flor Due By May	_	ent of State					
9.		MBERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR	☐ Delete	TITLE				l	Change	Addition	
NAME	SCHELLDORF, THOMAS A		NAME							
STREET ADDRESS CITY-ST-ZIP	1111 N. WESTSHORE BLVD. TAMPA FL 33607	, 200A	STREET .	ADDRESS r-zip						
TITLE	MGR	Delete	TITLE					Change	Addition	
NAME	TERENZI, TERENZI M		NAME							
STREET ADDRESS	1111 N. WESTSHORE BLVD.	, 200A		ADDRESS						
CITY-ST-ZIP	TAMPA FL 33607		CITY-S1	r-zip	<u></u>	================================	**			
TITLE		☐ Delete	TITLE				[Change	☐ Addition	
NAME			NAME	1000000						
STREET ADDRESS CITY-ST-ZIP			CITY-S1	ADDRESS r-zip						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
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CITY-ST-ZIP			CITY-ST	r-ZIP						
TITLE		☐ Delete	TITLE	· •				Change	Addition	
NAME			NAME	ADDRES\$						
STREET ADDRESS CITY-ST-ZIP			CITY-ST							
TITLE		☐ Delete	TITLE			=		Change	Addition	
NAME			. NAME							
STREET ADDRESS		•		ADDRESS						
CITY-ST-ZIP		- 100 10	CITY-ST							
11. I hereby o indicated limited lial	ertify that the information supplied on this report is true and accurate bility company or the receiver or tre	with this filing does not qualify and that my signature shall ha ratee empowered to execute the	y for the exemp ave the same li this report as re	otion stated in S egal effect as if equired by Cha	Section 119.07(3 f made under oa apter 608, Florida	3)(i), Florida Statutes. I ith; that I am a manag a Statutes.	further certif ing member	y that the ii or manage	nformation or of the	