

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

0019069

**DOCUMENT # L99000005188**

1. Entity Name

**FOURTH STREET VENTURE I, L.L.C.**

03-18-2002 90181 015 \*\*\*\*50.00

Principal Place of Business

**201 14TH AVENUE NORTH  
 ST PETERSBURG FL 33701**

Mailing Address

**201 14TH AVENUE NORTH  
 ST PETERSBURG FL 33701**

2. Principal Place of Business

**944 4th St N  
 Suite 800  
 St Petersburg FL**

3. Mailing Address

**944 4th St N  
 Suite 800  
 St Petersburg FL**

**City & State  
 St Petersburg FL  
 Zip 33701  
 Country Pinellas**

**City & State  
 St Petersburg FL  
 Zip 33701  
 Country Pinellas**

4. FEI Number **59-3596753**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FUDGE, FELIX D  
 201 14TH AVENUE NORTH  
 ST PETERSBURG FL 33701**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **FUDGE, FELIX D**  
 STREET ADDRESS **201 14TH AVENUE NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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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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:

**F. D. Fudge**

**3/1/02**

CR2E083 (9/01)