

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007042

1. Entity Name

PASCO PROCESSING, LLC

FILED

00 JAN 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

400 NORTH TAMPA STREET
17TH FL
TAMPA FL 33601

Mailing Address

400 NORTH TAMPA STREET
17TH FL
TAMPA FL 33602-4719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOLINER, NATHANIEL L
777 SOUTH HARBOUR ISLAND BLVD
TAMPA FL 33602-5709

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐

STREET ADDRESS
CITY- ST- ZIP

See Attached Listing For All
OFFICERS, MEMBERS

TITLE NAME ☐ Change ☐

STREET ADDRESS
CITY- ST- ZIP

600003118876-1
-02/01/00--01094--011
*****50.00 *****50.00

TITLE NAME ☐ Change ☐

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐

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 REQUIRED

R.A. PEISER
MANAGER

1/24/2000 813-273-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #