

2001 UNIFORM BUSINESS REPORT (UBR)

0017465 AF

DOCUMENT # L99000007436

1. Entity Name
PROFESSIONAL PLAZA ASSOCIATES, L.L.C.

FILED

01 FEB 23 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
405 N. REO STREET SUITE 160
TAMPA FL 33609

Mailing Address
405 N. REO STREET SUITE 160
TAMPA FL 33609

2. Principal Place of Business
4905 WEST LAUREL ST.

3. Mailing Address
4905 WEST LAUREL ST.

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
TAMPA, FL

City & State
TAMPA FL

DO NOT WRITE IN THIS SPACE

Zip
33607

Country
USA

Zip
33607

Country
USA

4. FEI Number 59-3606484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, JOHN E
405 N. REO STREET SUITE 160
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4905 WEST LAUREL STREET
SUITE 200
City TAMPA FL Zip Code 33607

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]

JOHN E. CARTER
MANAGING MEMBER

2/8/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003782739--2
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, JOHN E 405 N. REO STREET SUITE 160 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENRETTE, JON S 405 N. REO STREET SUITE 160 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4905 WEST LAUREL STREET, SUITE 200 TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4905 WEST LAUREL STREET, SUITE 200 TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

JOHN E. CARTER
MANAGING MEMBER

2/8/01

(813) 287-0101

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

Date

Daytime Phone #

CR2E083 (11/00)