

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009390

1. Entity Name

~~LOTS, L.L.C.~~

BTW CONSTRUCTION, L.L.C.

Principal Place of Business

3201 SOUTH DALE MABRY HWY  
STE 103  
TAMPA FL 33629

Mailing Address

3201 SOUTH DALE MABRY HWY  
STE 103  
TAMPA FL 33629

2. Principal Place of Business

5146 San Jose St.

3. Mailing Address

5146 San Jose St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33629

Country

Zip

33629

Country

4. FEI Number

59-3615879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELL SR, ROBERT W

~~3201 SOUTH DALE MABRY HWY~~

~~STE 103~~

TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5146 San Jose St.

City

Tampa

FL

Zip Code

33629

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 STREET ADDRESS CITY-ST-ZIP  
MGRM BELL, ROBERT W SR. 3201 SOUTH DALE MABRY HWY TAMPA FL 33629 ☐ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
100004367331--7  
-06/06/01--01039--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

Robert W Bell

4-30-01

813-287-0371

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

Date

Daytime Phone #