

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000248

1. Entity Name

TAMPA ESTUITES, LLC

FILED

01 SEP 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 PIERCE STREET
SUITE 1101
CLEARWATER FL 33756

Mailing Address

100 PIERCE STREET
SUITE 1101
CLEARWATER FL 33756

2. Principal Place of Business

8 S. Fort Harrison Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL 3

City & State

4. FEI Number

59-3607392

Applied For

Not Applicable

Zip

33755

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLENBURG, GERALD D
100 PIERCE STREET
SUITE 1101
CLEARWATER FL 33756

} address change

7. Name and Address of New Registered Agent

Name

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

8 S. Fort Harrison Ave.

City

Clearwater,

FL

Zip Code

33755

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

x

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004609560--0
-09/25/01--01006--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
STREET ADDRESS ELLENBURG, GERALD D
CITY-ST-ZIP 100 PIERCE STREET SUITE 1101
CLEARWATER FL 33756 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
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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 ☐ Addition
STREET ADDRESS 8 S. Fort Harrison Ave.
CITY-ST-ZIP Clearwater, FL 33755

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: x

SIGNATURE OF REGISTERED AGENT

Gerald D. Ellenburg

9/12/01

(27) 446-3000

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

STAPLE CHECK HERE

CR2E083 (5/01)