

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90187 030 ****50.00

003494

DOCUMENT # M97000000626

1. Entity Name

FOURTH STREET CENTER, LLC



Principal Place of Business

**3606 S BELCHER DR
TAMPA FL 33629**

Mailing Address

**3606 S BELCHER DR
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

P.O. Box 130991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Fla.

Zip

Country

Zip

Country

33681

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHREIBER, ADRIAN
3606 S BELCHER DR
TAMPA FL 33629**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MOORE, JOHN G JR.
101 SOUTH MAIN STREET, SUITE 305-C
CLINTON TN 37716**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHREIBER, HENRY
1800 CHANDELLE COURT
DAYTONA FL 32124**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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

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

4/28/03 813-835-9025

Date Daytime Phone #

CR2E083 (10/02)