## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000001003 1. Entity Name TAMPA COMMERCIAL PARTNERS IV, INC.

## FILED Apr 10, 2000 8:00 am Secretary of State 04-10-2000 90166 006 \*\*\*150.00

							20100 00			
e of Busines AVE	S Company	703 W. SWANN /	VE.			35		. ,	•• •• <del>ग</del>	
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State						oplied For	
Country		Zip	Zip Country					8.75 Add		
					Fee Hequired					
6. Name	and Address of Curr	ent Registered Agent		No	7, N	Name and Address of New Ro	egistered A	gent		
W. SWANN	I AVE.				s (P.O. B	ox Number is Not Acceptable	)			
				City			FL	Zip Cod	e	
Signature, typeo	for printed name of registered a	gent and title if applicable.	(NOTE: Registe	red Agent signature requ	<u> </u>	einstating)	DATE	05.0		
-	and elects to do so.	After I	After MAY 1, 2000 Fee v			1			May Be I to Fees	
	OFFICERS A	ND DIRECTORS	12	<u> </u>	AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
703 W. S	MONICA L WANN AVE.		N/ ST	ME REET ADDRESS				Change	☐ Addition	
IAMPA	☐ Delete			TLE IME REET ADDRESS				Change	Addition	
Delete T				TLE IME REET ADDRESS				Change	☐ Addition	
			N/ ST	ame Reet address				☐ Change	Addition	
	NA) STF							Change	Addition	
			NA ST CA	AME IREET ADDRESS TY-ST-ZIP				☐ Change	Addition	
	ace of Busin  #, etc.  6. Name  RA, MONIO  N. SWANN  PA FL 3360  ramed entit  Signature, typec  pration is eligequirement ria on back)  PSTD  SIERRA,  703 W. S  TAMPA F	Country  6. Name and Address of Curr  RA, MONICA L  N. SWANN AVE.  PA FL 33606  named entity submits this statement  Signature, typed or printed name of registered a  pration is eligible to satisfy its Intange equirement and elects to do so.  ita on back)  OFFICERS A  PSID  SIERRA, MONICA L  703 W. SWANN AVE.  TAMPA FL 33606	AVE. 703 W. SWANN.  ace of Business 3. Mailing Addr  #, etc. Suite, Apt. #,  City & State  Country Zip  6. Name and Address of Current Registered Agent  RA, MONICA L  N. SWANN AVE.  PA FL 33606  named entity submits this statement for the purpose of characteristic statement and title if applicable.  File and back) File After I  Make Chic  OFFICERS AND DIRECTORS  PSTD  SIERRA, MONICA L  703 W. SWANN AVE.  TAMPA FL 33606	AVE SWANN AVE.  TAMPA FL 33606  TAMPA FL 33606  TAMPA FL 33606  Toty & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  AN E. A MONICA L  AN SWANN AVE.  PA FL 33606  Transcription is eligible to satisfy its Intangible equirement and elects to do so.  In an back)  OFFICERS AND DIRECTORS  TAMPA FL 33606  TOTO  Delete  TOTO  TOTO	AVE TAMPA FL 33606*  Ace of Business   3. Mailing Address   #, etc.   Suite, Apt. #, etc.	AVE.  TAMPA FL 38906  TOUTTY  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  City  Street Address (P.O. B.  Street Address (P.O. B.  AFL 33606  City  Notice a private name of registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered office or registered agent and item if applicable.  Notice Registered Agent agent and item if applicable.  Notic	AVE TAMPA FL 38006  3. Molling Address W, etc. Sulto, Apt. #, etc. DO NOT WRITE Country Zip Country 5. Certificate of Status Desired  6. Name and Address of Current Registered Agent 7. Name and Address of New R. Name RA, MONICA L W, SWANN AVE. PA FL 33606  City  C	Are of Stainess  2. Mailing Address  3. Mailing Address  City & State  Country  Coun	AVE TAMPA RI 33006  3. Mailing Address  3. Mailing Address  Country  Countr	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR