2002 Uniform Business Report (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2002 8:00 am Secretary of State P01000023656 DOCUMENT # 1. Entity Name 04-16-2002 90118 026 ***150.00 SOUTH TAMPA LAND GROUP, INC. Principal Place of Business Mailing Address 1611 W. PLATT STREET 1611 W. PLATT STREET TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name KOEHLER, KEITH W Street Address (P.O. Box Number is Not Acceptable) 1611 W. PLATT STREET TAMPA FL 33606 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** □ Delete TITLE Change ☐ Addition NAME LUM, JOHN NAME STREET ADDRESS 2101 W. PLATT STREET #200 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP TITLE VTD Delete TITLE Change ☐ Addition NAME GULUZIAN, ARAM NAME STREET ADDRESS 2101 W. PLATT STREET #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 Delete : _TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or 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 applicass, with all other like empowered.