

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90034 010 ***150.00

0413749 AV

DOCUMENT # P96000098973

1. Entity Name

MULTIPLE VENTURE PARTNERS, INC.

Principal Place of Business

**16113 CARDEN DR
 ODESSA FL 33556**

Mailing Address

**16113 CARDEN DR
 ODESSA FL 33556**

2. Principal Place of Business

5440 Beaumont Ctr Blvd

3. Mailing Address

5440 Beaumont Ctr. Blvd

Suite, Apt. #, etc.

490

Suite, Apt. #, etc.

490

City & State

Tampa FL

City & State

Tampa FL

Zip

33634

Country

USA

Zip

33634

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3424728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TULLY, JAMES

**16113 CARDEN DR
 ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name

Colleen Tully

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

5440 Beaumont Ctr. Blvd.

Ste 490

City

Tampa

FL

Zip Code

33634

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PDSO** ☒ Delete
 NAME **TULLY, JAMES**
 STREET ADDRESS **16113 CARDEN DR**
 CITY-ST-ZIP **ODESSA FL 33556**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner** ☒ Change ☐ Addition
 NAME **Colleen Tully**
 STREET ADDRESS **5440 Beaumont Ctr. Blvd Ste 490**
 CITY-ST-ZIP **Tampa FL 33634**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 address, with all other like empowered.

SIGNATURE:

Colleen Tully
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)