

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088438

1. Entity Name

YBOR DEVELOPMENT PARTNERS, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 017 ***150.00

Principal Place of Business

Mailing Address

5425 W CRENSHAW ST
TAMPA FL 33634

5425 W CRENSHAW ST
TAMPA FL 33634-3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3541810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOCOCO, ALBERT N
6306 BENJAMIN RDD, SUITE 612
TAMPA FL 33634

Name: DOCOCO, ALBERT N

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

5425 W. CRENSHAW ST.

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

Albert Dococo President

(NOTE: Registered Agent signature required when reinstating)

4/27/00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
DS
DOCOCO, ALBERT N
STREET ADDRESS
6306 BENJAMIN RDD, SUITE 612
CITY-ST-ZIP
TAMPA FL 33634

TITLE NAME ☒ Change ☐ Addition
P/D
DOCOCO, ALBERT N.
STREET ADDRESS
5425 CRENSHAW ST
CITY-ST-ZIP
TAMPA FL 33634

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
ST/D/VP
ARENAS, ANTHONY S
STREET ADDRESS
5425 CRENSHAW ST.
CITY-ST-ZIP
TAMPA, FL 33634

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

813-806-0086

CR2E034 (9/99)