

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001533 AI

**DOCUMENT # A27673**



1. Entity Name  
**FOWLER'S TRAILER PARK, LTD.**

**FILED**

**03 FEB -6 AM 9:00**

Principal Place of Business  
**3535 WINDMILL RANCH ROAD  
WESTON FL 33331**

Mailing Address  
**3535 WINDMILL RANCH ROAD  
FT. LAUDERDALE FL 33331**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0089857**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRUPKIN, DENIS  
3535 WINDMILL RANCH ROAD  
FORT LAUDERDALE FL 33331**

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.

DATE

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **K51960**  
NAME **TRUP REALTY, INC.**  
STREET ADDRESS **3535 WINDMILL RANCH ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33331**

STREET ADDRESS

CITY-ST-ZIP

**100011914431**

**02/06/03--01068--015 \*\*141.25**

DOCUMENT #  
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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
*Denis Trupkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2.01.03**

**954-389-4313**

Date

Daytime Phone #

CRE003 (10/02)