

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013995 AT

DOCUMENT # **A30325**

1. Entity Name
FLORIDA REALTY FUND TWO, LTD.



FILED
03 MAY -6 PM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMH



Principal Place of Business
**100 SECOND AVENUE NORTH, SUITE 200
ST. PETERSBURG FL 33701**

Mailing Address
**P.O. BOX 429
ST. PETERSBURG FL 33731-0429**

2. Principal Place of Business
333 3rd Avenue North

3. Mailing Address

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State

Zip
33701

Country

Zip

Country

4. FEI Number **59-3007765**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, IAN F.
100 SECOND AVENUE NORTH, SUITE 200
ST. PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)
333 3rd Avenue North, Suite 400

City **St. Petersburg,**

FL

Zip Code **33701**

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. **\$575,250.00**

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 # **L75503**
NAME **FLORIDA CLEAN AIR, INC.**
STREET ADDRESS **100 SECOND AVENUE NORTH, SUITE 200**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

STREET ADDRESS **333 3rd Avenue North, Suite 400**
CITY-ST-ZIP **St. Petersburg, FL 33701**

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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** Ian F. Irwin, President 4/30/03 (727)821-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)