

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000064**

1. Entity Name

SFT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business
2908 SABER DRIVE
CLEARWATER FL 33759

Mailing Address
2908 SABER DRIVE
CLEARWATER FL 33759-1213



2. Principal Place of Business
3463 HARBOR DRIVE
Suite, Apt. #, etc.

3. Mailing Address
3463 HARBOR DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL FL

City & State
SPRING HILL FL

Zip
34607

Country
USA

Zip
34607

Country
USA

4. FEI Number **59-3223147**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SARCHET, WILLIAM
2908 SABER DRIVE
CLEARWATER FL 34619

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$8,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	
NAME	SARCHET, WILLIAM
STREET ADDRESS	2908 SABER DRIVE
CITY - ST - ZIP	CLEARWATER FL 34619
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	3463 HARBOR DRIVE
CITY - ST - ZIP	SPRING HILL FL 34607
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	500003265145--2
CITY - ST - ZIP	-05/24/00--01040--019
STREET ADDRESS	***144.75 ***144.75
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: WILLIAM SARCHET **4-18-00** **352-596-9554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (1/99)