

2001 UNIFORM BUSINESS REPORT (UBR)

0015092 AF

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DOCUMENT # **A94000000064**

1. Entity Name

SFT, LTD.

Principal Place of Business

3463 HARBOR DRIVE
SPRING HILL FL 34607

Mailing Address

3463 HARBOR DRIVE
SPRING HILL FL 34607

FILED
01 APR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3223147

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

SARCHET, WILLIAM
2908 SABER DRIVE
CLEARWATER FL 34619

Name **SARCHET, WILLIAM**

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

3463 HARBOR DRIVE

City **SPRING HILL** FL Zip Code **34607**

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 *William Sarchet GP* **WILLIAM SARCHET GP** **4.9.01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. Amount of Capital Contributions in FLORIDA to date. **8,000**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	SARCHET, WILLIAM	3463 HARBOR DRIVE	SPRING HILL FL 34607		
					100004044651--9
					-04/23/01 --01132--011
					****144.75 ****144.75

CR2E003 (11/00)

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 GP* **WILLIAM SARCHET GP** **4.9.01** **352-596-9554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #