

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001272**

1. Entity Name

FIRST DARTMOUTH COMMERCIAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06

Principal Place of Business

6699 90TH AVE. N.
PINELLAS PARK FL 34666

Mailing Address

6699 90TH AVE. N.
PINELLAS PARK FL 33782-4533



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

59-3269035

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

RICE, MARTIN E

**333 THIRD AVE., N., STE 325
ST PETERSBURG FL 33701**

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

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.

\$2,088.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000027202**
NAME **DARTMOUTH DEVELOPMENT I, INC.**
STREET ADDRESS **5901 SUN BOULEVARD, SUITE 100-A**
CITY - ST - ZIP **ST. PETERSBURG FL 33715**

STREET ADDRESS

CITY - ST - ZIP

100003288791--0

DOCUMENT # **P94000067463**
NAME **JORGE ECHARTE, JR., INC.**
STREET ADDRESS **5901 SUN BOULEVARD, SUITE 100-A**
CITY - ST - ZIP **ST. PETERSBURG FL 33715**

STREET ADDRESS

CITY - ST - ZIP

~~06/14/00~~ ~~01065~~ ~~007~~

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14. I hereby certify that the information supplied with this form 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JORGE ECHARTE JR. Date **4/24/00**

Daytime Phone # **727-541-1100**

1100