

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002047**

1. Entity Name

**4B FINANCIAL SERVICES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

|                                                                                   |                                                                            |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>1601 MCCLOSKEY BOULEVARD<br/>TAMPA FL 33605</b> | Mailing Address<br><b>1601 MCCLOSKEY BOULEVARD<br/>TAMPA FL 33605-6731</b> |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3355516</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>PERTNOY, SIDNEY M ESQ.<br/>NATIONSBANK TOWER AT INTERNATIONAL PLACE<br/>100 S.E. 2ND STREET, 21ST FLOOR<br/>MIAMI FL 33131</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                |                                                         |                                                                                  |
|----------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. <b>\$9,900.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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           |  |
| NAME                            | <b>BARKETT, HARRY J</b>     | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>1601 MCCLOSKEY BLVD.</b> |                          |  |
| CITY - ST - ZIP                 | <b>TAMPA FL 33605</b>       |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            | <b>BARKETT, ANTHONY J</b>   | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>1601 MCCLOSKEY BLVD.</b> |                          |  |
| CITY - ST - ZIP                 | <b>TAMPA FL 33605</b>       |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            | <b>BARKETT, RICHARD A</b>   | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>1601 MCCLOSKEY BLVD.</b> |                          |  |
| CITY - ST - ZIP                 | <b>TAMPA FL 33605</b>       |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            | <b>BARKETT, KENNETH D</b>   | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | <b>1601 MCCLOSKEY BLVD.</b> |                          |  |
| CITY - ST - ZIP                 | <b>TAMPA FL 33605</b>       |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            |                             | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                             |                          |  |
| CITY - ST - ZIP                 |                             |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            |                             | 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: **KENNETH D BARKETT** **4/16/00** **(813) 288-1582**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)