

2002 UNIFORM BUSINESS REPORT (UBR)

0014396 AT

DOCUMENT # **A97000001599**

1. Entity Name

ALBRITTON & SONS, LTD.

FILED

02 APR 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**NO. 3 ALBRITTON ROAD
ALTURAS FL 33820**

Mailing Address

**P.O. BOX 256
ALTURAS FL 33820**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-0963348

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

**ALBRITTON, NICHOLAS F
NO. 3 ALBRITTON ROAD
ALTURAS FL 33820**

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.

DATE

9. Capital Contributions
as Shown on record.

\$252,510.00

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 #	ALBRITTON, NICHOLAS F TRUSTEE	STREET ADDRESS	
NAME	PO BOX 255	CITY-ST-ZIP	
STREET ADDRESS	ALTURAS FL 33820		
CITY-ST-ZIP			
DOCUMENT #	ALBRITTON, DALE E TRUSTEE	STREET ADDRESS	600005481756--8
NAME	PO BOX 222	CITY-ST-ZIP	-05/07/02--01076--011
STREET ADDRESS	ALTURAS FL 33820		****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/02 863-537-1343

Date

Daytime Phone #

CR2E003 (9/01)