

2001 UNIFORM BUSINESS REPORT (UBR)

0012647 AF

DOCUMENT # A97000001748
 1. Entity Name
FREEMPORT BUSINESS PARK, LIMITED

FILED *WV/1/13*
 01 JUN -5 PM 12:28

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 P.O. BOX 989 P.O. BOX 989
 FREEMPORT FL 32439 FREEMPORT FL 32439

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 Applied For
59-3619240 Not Applicable

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

6. Name and Address of Current Registered Agent
CUPPS, ROBERT E *Capps, Robert E.*
225 BLUE RIDGE PARKWAY
FREEMPORT FL 32439

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. **\$1,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **125,559**

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 #	P97000056000
NAME	DEESEA VENTURES, INC.
STREET ADDRESS	16200 U.S. HIGHWAY 331, SOUTH
CITY-ST-ZIP	FREEMPORT FL 32439
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004218598--5
CITY-ST-ZIP	-05/16/01--01004--007
	1394.25 *526.25
STREET ADDRESS	
CITY-ST-ZIP	FF # 526.25
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: *Robert E. Capps* **Robert E. Capps** **850-835-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 17, 2001

ROBERT CAPPS
P.O. BOX 989
FREEPORT, FL 32439

SUBJECT: FREEPORT BUSINESS PARK, LIMITED
Ref. Number: A97000001748

We have received your document for FREEPORT BUSINESS PARK, LIMITED and your check(s) totaling \$1394.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 101A00030370

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