

2001 UNIFORM BUSINESS REPORT (UBR)

0009831 AF

DOCUMENT # A99000001090
1. Entity Name
 FETTY ENTERPRISES, LTD.

FILED
 01 MAR -5 AM 11:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

zf

Principal Place of Business
 3704 CARROLLBROOK ROAD
 TAMPA FL 33618

Mailing Address
 3704 CARROLLBROOK ROAD
 TAMPA FL 33618



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 59-3589742 **APPLIED FOR**

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 FETTY, LESTER E
 3704 CARROLLBROOK ROAD
 TAMPA FL 33618

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 _____
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. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$777,006

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 # NAME STREET ADDRESS CITY - ST - ZIP	FETTY, LESTER E 3704 CARROLLBROOK ROAD TAMPA FL 33618
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	800003803198--7 -03/06/01--01117--001 ***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
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: *Lester E. Fetty* **LESTER E. FETTY** 2/24/01 813-935-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

813-935-1551
 813-818-743-2022

CR2E003 (11/00)