

2002 UNIFORM BUSINESS REPORT (UBR)

0013390 AT

DOCUMENT # A99000001090

1. Entity Name
FETTY ENTERPRISES, LTD.

FILED
02 JAN 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3704 CARROLLBROOK ROAD
TAMPA FL 33618**

Mailing Address
**3704 CARROLLBROOK ROAD
TAMPA FL 33618**

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

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

DUE BY MAY 1, 2002

4. FEI Number **59-3589142**
Applied For
Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **777,000**

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	100004833031--9
STREET ADDRESS	-01/23/02--01022--001
CITY-ST-ZIP	***526.25 ***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: *Lester E Fetty* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **1/15/02** **935-1551**
Date Daytime Phone #

CR2E003 (9/01)