

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001255**

1. Entity Name

**ELEANOR F. SCHWARTZ INVESTMENTS, LTD.**

APPROVED  
AND  
FILED

02 APR 30 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>4650 54TH AVENUE S. #215 ST. PETERSBURG FL 33711</b>	Mailing Address <b>4650 54TH AVENUE S. #215 ST. PETERSBURG FL 33711</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>59-3591896</b>	Applied For <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**

**SKALSKI, JOSEPH C ESQ.  
14010 ROOSEVELT BLVD., STE. 708  
CLEARWATER FL 33762**

**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. <b>\$900,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>797,826</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	<b>P99000061321 ELEANOR F. SCHWARTZ ENTERPRISES, INC. 4650 54TH AVENUE S., #215 ST. PETERSBURG FL 33711</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>9000005504359--1</b>
CITY-ST-ZIP	<b>-05/10/02--01104--028 ****526 25 ****526 25</b>
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: *Eleanor F. Schwartz* **4/23/02** **(727) 864-5421**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)