

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31136**

1. Entity Name

ATRIUM ASSOCIATES OF PINELLAS, LTD.

Principal Place of Business

**2915 SR 590
SUITE 21
CLEARWATER FL 33759**

Mailing Address

**2915 SR 590
SUITE 21
CLEARWATER FL 33759**

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

59-3050319

Applied For

Not Applicable

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

QUEEN, GARY F

2915 SR 590

SUITE 21

CLEARWATER FL 33759

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.

\$100,000.00

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 # **P13599**
NAME **NORTHERN SALINE, INC.**
STREET ADDRESS **24715 FIVE MILE ROAD**
CITY-ST-ZIP **REDFORD MI 48239**

STREET ADDRESS **26657 Woodward Ave., Ste. 100**
CITY-ST-ZIP **Huntington Woods, MI 48070**

DOCUMENT # **ROGAL, RAYMOND J.**
NAME **789 W LINCOLN**
STREET ADDRESS **BIRMINGHAM, MI 48009**
CITY-ST-ZIP

STREET ADDRESS **790 W. Lincoln**
CITY-ST-ZIP **Birmingham, MI 48009**

DOCUMENT # **QUEEN, GARY F TRUSTEE**
NAME **2915 SR 590, SUITE 21**
STREET ADDRESS **CLEARWATER FL 33759**
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

4000003931984--9
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******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GARY F. QUEEN, Trustee

3/20/01

796-7123

Date

Daytime Phone #

FILED

01 MAR 26 PM 1:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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