

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT #

1. Entity Name **A97000001895**

FILED

OCT 26 PM 12:17

Medlock Investment Limited Partnership

Principal Place of Business
4200 N. Ocean Dr 1801-2
Singer Island, FL 33404
Riviera Beach

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business **Same**
3. Mailing Address **Same**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State
Zip
Country **USA**

4. FEI Number **91-1899236**
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

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 _____
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **99.00**
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			
DOCUMENT #	G-97245900065		
NAME	THE JWM TRUST		
STREET ADDRESS	4200 N. Ocean Dr 1801-2		
CITY-ST-ZIP	Singer Island FL 33404		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004670398--1
CITY-ST-ZIP	11/07/01-01014-008
	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **10-23-01** Daytime Phone # **561-844-9250**

CR2E003 (11/00)