

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001942

1. Entity Name

WS MARTINEZ LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
107 HICKORY CREEK BLVD.

3. Mailing Address
107 HICKORY CREEK BLVD.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
BRANDON, FL

City & State
BRANDON, FL

4. FEI Number
59-3630357

Applied For
Not Applicable

Zip
33511

Country

Zip
33511

Country

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
MARTINEZ, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)
107 HICKORY CREEK BLVD.

BRANDON

FL

Zip Code
33511

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

DATE

9. Capital Contributions
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # P99000098197
NAME W S MARTINEZ, INC.
STREET ADDRESS 107 HICKORY CREEK BLVD.
CITY-ST-ZIP BRANDON, F. 33511

STREET ADDRESS

CITY-ST-ZIP

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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:

William Martinez

4-15-02

813-681-2395

CR2E003B (12/01)