

# 2002 UNIFORM BUSINESS REPORT (UBR)

0021250 SP

DOCUMENT # B93000000041

1. Entity Name

WARMACK MUSKOGEE LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:41

Principal Place of Business

650 CENTRAL MALL  
TEXARKANA TX 75503-2497

Mailing Address

650 CENTRAL MALL  
TEXARKANA TX 75503-2497



2. Principal Place of Business

30 MORRIS LANE

3. Mailing Address

30 MORRIS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

TEXARKANA TX

City & State

TEXARKANA TX

4. FEI Number

710427769 75-2800665

Applied For

Not Applicable

Zip

Country

75503-2115 USA

Zip

Country

75503-2115 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABERNETHY, BRUCE JR.  
900 VIRGINIA AVENUE  
PROFESSIONAL CENTRE, #6  
FORT PIERCE FL 34982

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

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

DOCUMENT # M00000001325  
NAME WARMACK AND COMPANY, L.L.C.  
STREET ADDRESS 650 CENTRAL MALL,  
CITY-ST-ZIP TEXARKANA TX 75503-2497

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED  
DANIEL WARMACK  
PRESIDENT

4/23/02

903-838-4000

Date

Daytime Phone #

CR2E003 (9/01)