

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31136

1. Entity Name  
ATRIUM ASSOCIATES OF PINELLAS, LTD.



FILED

03 FEB 11 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. 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 26657 WOODWARD AVE., STE. 100  
CITY-ST-ZIP HUNTINGTON WOODS MI 48070

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME ROGAL, RAYMOND J.  
STREET ADDRESS 790 W. LINCOLN  
CITY-ST-ZIP BIRMINGHAM MI 48009

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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02/06/03--01022--003 \*\*526.25

CR2E003 (10/02)

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

Gary F. Queen

SIGNATURE:

SIGNATURE REQUIRED

2/5/03 (727) 796-7123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #