

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018020 AF

DOCUMENT # A00000000361

1. Entity Name

THE DEWAYNE MUSICK FAMILY LIMITED PARTNERSHIP, L

FILED

Principal Place of Business

483 CITATION DRIVE  
CANTONMENT FL 32533

Mailing Address

483 CITATION DRIVE  
CANTONMENT FL 32533

01 FEB -1 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

10015 Mobile Highway

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola FL

City & State

Zip Country

Zip

32526

Country

Escambia

4. FEI Number 59-3627849  
59-3614455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUSICK, DEWAYNE  
483 CITATION DRIVE  
CANTONMENT FL 32533

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$10,000.00

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 # L99000005403  
NAME GULF STATES AUTO AUCTION, L.L.C.  
STREET ADDRESS 483 CITATION DRIVE  
CITY-ST-ZIP CANTONMENT FL 32533

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

9000003654569--8

STREET ADDRESS

CITY-ST-ZIP

-02/06/01--01091--029

\*\*\*\*158.75 \*\*\*\*158.75

DOCUMENT #  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-30-01

850-473-1714

Date

Daytime Phone #

CR2E003 (11/00)