

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001158

1. Entity Name
HOLLINGSWORTH TRADING, L.P.



FILED

03 MAR -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2090 BARTON HIGHWAY
LAKELAND FL 33802

Mailing Address
P.O. BOX 1614
LAKELAND FL 33802

2. Principal Place of Business
2090 BARTOW ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33801

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3658073

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

APLIN, DAVID F
2090 BARTON HIGHWAY
LAKELAND FL 33802

Name

Street Address (P.O. Box Number is Not Acceptable)

2090 BARTOW ROAD

City

FL

Zip Code
33801

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. \$7,000,000.00

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 # P00000042973
NAME HOLLINGSWORTH CAPITAL MANAGEMENT, INC.
STREET ADDRESS 2090 BARTON HIGHWAY
CITY-ST-ZIP LAKELAND FL 33802

STREET ADDRESS 2090 BARTOW ROAD
CITY-ST-ZIP LAKELAND FL 33801

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/03

(813) 446-

Date

Daytime Phone #

CR2E003 (10/02)