

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006885
AT

02 APR 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000001363

1. Entity Name

GARAK FLP, LTD.

Principal Place of Business

4142 DORCHESTER COURT
CHIPLEY FL 32428

Mailing Address

4142 DORCHESTER COURT
CHIPLEY FL 32428

2. Principal Place of Business

2101 W. Hwy 390

3. Mailing Address

2101 W. Hwy 390

Suite, Apt. #, etc.

Apt # 1007

Suite, Apt. #, etc.

Apt # 1007

City & State

Lynn Haven FL.

City & State

Lynn Haven FL.

Zip

32444

Country

USA

Zip

32444

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3670091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABER, GEORGE LARRY JR
4142 DORCHESTER COURT
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name

Babbe, George Larry Jr.

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

2101 W Hwy 390

Apt # 1007

City

Lynn Haven

FL

Zip Code

32444

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.

24/4/02
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 # P00000075831
NAME GARAK INVESTMENTS, INC.
STREET ADDRESS 4241 DORCHESTER COURT
CITY-ST-ZIP CHIPLEY FL 32428

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2101 W. Hwy 390 Apt 1007

CITY-ST-ZIP

Lynn Haven FL. 32444

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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

24/4/02 850 248-0048
Date Daytime Phone #

CR2E003 (9/01)