

2002 UNIFORM BUSINESS REPORT (UBR)

0004574 AV

DOCUMENT # A01000000246

1. Entity Name

BACKOS, LTD.

FILED

2002 APR 29 AM 11:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

7413 MELDIN COURT
NAPLES FL 34104

Mailing Address

5133 CASTELLO DRIVE, SUITE 1
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

7413 Meldin Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Naples, FL

4. FEI Number

59-3712571

Applied For

Not Applicable

Zip

Country

Zip

34104

Country

USA

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

BACKOS, CATHERINE
5133 CASTELLO DRIVE, SUITE 1
NAPLES FL 34103

Name

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

7413 Meldin Court

City

Naples

FL

Zip Code

34104

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

Catherine Backos

4/24/02

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

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	BACKOS, CATHERINE	5133 CASTELLO DRIVE, SUITE 1	NAPLES FL 34103	7413 MELDIN COURT	NAPLES, FLORIDA 34104
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
				300005502413--4	-05/10/02--01036--015
				*****526.25	*****526.25
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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:

Catherine Backos

4/24/02 (239) 348-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)