## **2002 UNIFORM BUSINESS REPORT (UBR)**

## APPRUSE . AND A0100000309 DOCUMENT # 1. Entity Name 02 APR 25 PM 12: 41 580 KERWIN, LTD. SECRETARY OF STATE TATE AHASSEE, FLORIDA Principal Place of Business Mailing Address 2109 MEADOW BROOK DRIVE 2109 MEADOW BROOK DRIVE **CLEARWATER FL 33759 CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** 4. FEI Number 59-3697288 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERWIN, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 2109 MEADOW BROOK DRIVE **CLEARWATER FL 33759** City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$7,500.00 as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. (9/01) F08327 DOCUMENT # STREET ADDRESS TRACKER CORP 2109 MEADOW BROOK DRIVE STREET ADDRESS C!TY-ST-ZIP **CLEARWATER FL 33759** CITY-ST-ZIP 05/03/02-07171-008 DOCUMENT # P00000101387 STREET ADDRESS NAME THE KERWIN DEVELOPMENT COMPANY, INC. STREET ADDRESS 2109 MEADOW BROOK DRIVE CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33759** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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

Timothy J. Kelluin, Pless

CITY-ST-7IP

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pro-Teacher OF GENEROUS PORTURER