

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR/ A1

**DOCUMENT # A01000000450**

1. Entity Name

**PULSIFER ENTERPRISES, LTD.**

FILED

02 MAY -3 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1509 SOUTH LODGE DRIVE  
SARASOTA FL 34239-5010

Mailing Address

1509 SOUTH LODGE DRIVE  
SARASOTA FL 34239-5010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

65-1092044

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILLIAMS, SARAH P**  
1509 SOUTH LODGE DRIVE  
SARASOTA FL 34239-5010

Name  
**FREDERICK J. COLBY**

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.

*[Handwritten Signature]*

*4/28/02*  
DATE

9. Capital Contributions as Shown on record.

**\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**20,000,000.00**

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
	COLBY, FREDERICK J	189 BERKSHIRE ROAD	SANDY HOOK CT 06482
	COLBY, BENJAMIN N	425 CANTON AVENUE	MILTON MA 02186
	COLBY PIERCE, SARAH R	100 SHORE DRIVE	PORTCHESTER NY 10573

STREET ADDRESS	CITY-ST-ZIP
1509 SOUTH LODGE DRIVE	SARASOTA, FLORIDA 34239

CR2E003 (9/01)

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 *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/28/02*  
DATE