

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MMJH

0015884 AT

DOCUMENT # A01000000450

1. Entity Name
PULSIFER ENTERPRISES, LTD.



FILED
03 MAY -6 PM 8:47
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
1795 LINCOLN PARK CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 5397
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

4. FEI Number 65-1092044

Applied For
Not Applicable

Zip Country
34236

Zip Country
34277

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

COLBY, FREDERICK J
1509 SOUTH LODGE DRIVE
SARASOTA FL 34239-5010

Name
Street Address (P.O. Box Number is Not Acceptable)
1795 LINCOLN PARK CIRCLE
City SARASOTA FL Zip Code 34236

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

25 April 03
DATE

9. Capital Contributions as Shown on record. \$50,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 50,000,000.00

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 #
NAME COLBY, FREDERICK J
STREET ADDRESS 1509 SOUTH LODGE DRIVE
CITY-ST-ZIP SARASOTA FL 34239-5010

STREET ADDRESS 1795 LINCOLN PARK CIRCLE
CITY-ST-ZIP SARASOTA, FLORIDA 34236

DOCUMENT #
NAME COLBY, BENJAMIN N
STREET ADDRESS 425 CANTON AVENUE
CITY-ST-ZIP MILTON MA 02186

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME COLBY PIERCE, SARAH R
STREET ADDRESS 100 SHORE DRIVE
CITY-ST-ZIP PORTCHESTER NY 10573

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
600018309956
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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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: *F. Colby* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

25 April 03
Date Daytime Phone #

CR2E003 (10/02)