

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 15 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2182 SP

DOCUMENT # **AG1000000501**

1. Entity Name  
**RUBBER RESOURCES, LTD., LLLP**

Principal Place of Business <b>17212 U.S. 19 HUDSON-FL 34667</b>	Mailing Address <b>17212 U.S. 19 HUDSON FL 34667</b>
---	---



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  
**59-3709918**

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**

~~HAWKER, DALE D~~  
~~17212 U.S. 19~~  
~~HUDSON FL 34667~~

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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]*  
Signature, typed or printed name of registered agent and title if applicable.

**1/25/02**  
DATE

9. Capital Contributions as Shown on record. **\$27,272.00**

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**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>HAWKER, DALE D</b>	STREET ADDRESS	
NAME	<b>17212 U.S. 19</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>HUDSON FL 34667</b>		
CITY-ST-ZIP		STREET ADDRESS	<b>500005309225--5</b>
		CITY-ST-ZIP	<b>-04/19/02--01077--030</b>
			<b>***279.65 ***279.65</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/15/02**      **727-869-5111**  
Date      Daytime Phone #

CR2E003 (9/01)