

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007112 AT

DOCUMENT # **A01000000601**

1. Entity Name

SIGLER LIMITED PARTNERSHIP NUMBER 2

02 APR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1005 ARIOLA DRIVE
PENSACOLA BEACH FL 32561**

Mailing Address
**1005 ARIOLA DRIVE
PENSACOLA BEACH FL 32561**



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
59-3700-822 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

**MARK STEPHEN SIGLER
1005 ARIOLA DRIVE
PENSACOLA BEACH FL 32561**

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

9. Capital Contributions as Shown on record. **\$70,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **70,000**

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 #	MARK STEPHEN SIGLER 1005 ARIOLA DRIVE PENSACOLA BEACH FL 32561	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/2 **850 9820093**
Date Daytime Phone #

CR2E003 (9/01)