

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000774

1. Entity Name
NADA LOT LIMITED PARTNERSHIP



FILED

03 FEB 10 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
18154 MORRISON STREET
GROVELAND FL 34736

Mailing Address
18154 MORRISON STREET
GROVELAND FL 34736



2. Principal Place of Business

3475 Rogers Industrial dr

3. Mailing Address

P.O. Box 712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

OKahumpka FL

City & State

OKahumpka FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

3476-2

Country

USA

Zip

34762

Country

USA

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

MACKAY, COLLEEN

3475 Rogers Industrial dr

18154 MORRISON STREET

GROVELAND FL 34736

OKahumpka, FL

34762

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Colleen Mackay

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

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F01000002955
NAME BEACHCOMBER, INC.
STREET ADDRESS 1135 TERMINAL WAY, #209
CITY-ST-ZIP RENO NV 89502

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/9/03 352-360-0975

Date

Daytime Phone #

CR2E003 (10/02)