

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000908**

1. Entity Name

TEXIDA, MELBOURNE NO. 2, A LIMITED PARTNERSHIP

Principal Place of Business

**4011 N WICKHAM ROAD
MELBOURNE FL 32935**

Mailing Address

**P.O. BOX 1809
SHAWNEE OK 74802-1809**

FILED

2002 FEB 25 AM 10:49

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

555 S. BABCOCK ST

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Melbourne FL

City & State

4. FEI Number

74-3007191

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VINCI, CRAIG
909 GARDEN BROOK COURT SE
PALM BAY FL 32909**

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions
as Shown on record.

\$76,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**VINCI, CRAIG
909 GARDEN BROOK COURT SE
PALM BAY FL 32909**

STREET ADDRESS

CITY-ST-ZIP

700005044307-9

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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:

CRAIG J. VINCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-16-02

321-508-2228

CR2E003 (9/01)

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