

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A01221



FILED

03 APR -4 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
VIERCOCKEN

Principal Place of Business
**2220 PALMER STREET
PO BOX 8285
PITTSBURGH PA 15218**

Mailing Address
**2220 PALMER STREET
PO BOX 8285
PITTSBURGH PA 15218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **25-6113714**

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

**FARR, EARL DRAYTON, JR.
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

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

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

DATE

9. Capital Contributions as Shown on record. **\$110,000.00**

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 #
NAME **CUDA, ELLEN B**
STREET ADDRESS **3 SQUIRREL HILL LANE**
CITY-ST-ZIP **W. HARTFORD CT 06107**

STREET ADDRESS **P. O. Box 567**
CITY-ST-ZIP **Boca Grande, FL 33921**

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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: Ellen B Cuda **SIGNATURE REQUIRED**

3/26/03

407/351-8408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ellen B. Cuda, General Partner

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)