

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000469

1. Entity Name
FT. PIERCE RELOAD, LLP



FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
253 FLORIDA AVENUE
FT. PIERCE FL 34950

Mailing Address
253 FLORIDA AVENUE
FT. PIERCE FL 34950

2. Principal Place of Business
253 FLORIDA Ave

3. Mailing Address
253 FLORIDA Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Ft Pierce, FL

City & State
Ft. Pierce, FL

4. FEI Number
04-3635003

Applied For
Not Applicable

Zip 34950 Country St Lucie

Zip 34950 Country St Lucie

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

MYERS, PETER O
253 FLORIDA AVENUE
FT. PIERCE FL 34950

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

4/27/2003
DATE

9. Capital Contributions
as Shown on record. \$1,000.00

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 MYERS, PETER O
STREET ADDRESS 253 FLORIDA AVENUE
CITY-ST-ZIP FT. PIERCE FL 34950

STREET ADDRESS

CITY-ST-ZIP

600017631476
05/01/03--01003--002 **121.25

DOCUMENT #
NAME MYERS, KATHLEEN A
STREET ADDRESS 253 FLORIDA AVENUE
CITY-ST-ZIP FT. PIERCE FL 34950

STREET ADDRESS

CITY-ST-ZIP

600017631476
06/04/03--01074--003 **20.00

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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/2003
Date

772-460-2323
Daytime Phone #

CR2E003 (10/02)

0016669 AT