

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000470

1. Entity Name
FT. PIERCE RELOAD OF PRESSURE TREATED LUMBER SALES OUTLET, LLLP



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

Mailing Address
253 FLORIDA AVENUE
FT. PIERCE FL 34950

FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

253 FLORIDA AVENUE

253 FLORIDA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
FT. PIERCE, FL

City & State
FT. PIERCE, FL

4. FEI Number

03-0419596

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)

05/01/03--01003--001 **121.25

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

4/27/2003

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 1,000.00

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

STREET ADDRESS

CITY-ST-ZIP

400017631074

05/01/03--01003--001 **121.25

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

STREET ADDRESS

CITY-ST-ZIP

400017631074

05/04/03--01074--004 **20.00

DOCUMENT #
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/2003

772-460-2323

Date

Daytime Phone #

CR2E003 (10/02)

0016670 AT