

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001132

1. Entity Name
FLORIDA BIOMASS POWER LIMITED PARTNERSHIP



FILED
03 JAN 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4010 COPPERTREE LANE
PENSACOLA FL 32504

Mailing Address
PO BOX 217
GULF BREEZE FL 32561

2. Principal Place of Business

1198 GULF BREEZE PKWY

3. Mailing Address

Suite, Apt. #, etc.

SUITE 6

City & State

GULF BREEZE, FL

Zip

32561

Country

SANTA ROSA

Country

4. FEI Number

59-2623630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARPE, ALLEN
125 S. ALCANIZ STREET, SUITE 1
PENSACOLA FL 32501

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. 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.

\$100.00

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

DOCUMENT # P02000020895
NAME BIOMASS INVESTMENT GROUP, INC.
STREET ADDRESS 125 S. ALCANIZ STREET, SUITE 1
CITY-ST-ZIP PENSACOLA FL 32501

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500011782895
02/04/03 01033 023 **141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: ALLEN SHARPE 1-19-03 850-94-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CB25003/10/02

STAPLE CHECK HERE