

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014643 AT

**DOCUMENT # A02000001459**

1. Entity Name  
**SHARPE INVESTMENT LIMITED PARTNERSHIP**



**FILED**

03 JAN 23 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
ATTN: CRAIG A. MUNDY, ESQ.  
4927 SOUTHFORK DRIVE  
LAKELAND FL 33813

Mailing Address  
ATTN: CRAIG A. MUNDY, ESQ.  
4927 SOUTHFORK DRIVE  
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number  
**04-3728080**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNDY, CRAIG A ESQ**  
**4927 SOUTHFORK DRIVE**  
**LAKELAND FL 33813**

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

9. Capital Contributions as Shown on record. **\$0.00**

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 #	<b>P02000049974</b>
NAME	<b>SHARPE FAMILY ENTERPRISES, INC.</b>
STREET ADDRESS	<b>4927 SOUTHFORD DRIVE</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>4927 Southfork Drive</b>
CITY-ST-ZIP	<b>Lakeland, Florida 33813</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300010672603</b>
CITY-ST-ZIP	<b>01/23/03--01064--003 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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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:** *Mary W Sharpe President of Sharpe Family Enterprises, Inc.*  
**SIGNATURE REQUIRED** **1-20-03 863-418-1374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SINGLE CHECK