

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -4 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000/100 AT

DOCUMENT # A04949

1. Entity Name

BRICKYARD PROPERTIES, LTD.

Principal Place of Business

1972 BROYHILL LN  
PENSACOLA FL 32526

Mailing Address

P.O. BOX 12261  
PENSACOLA FL 32581-2261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1674455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMONS, MARVIN R  
1972 BROYHILL LANE  
PENSACOLA FL 32526

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$19,200.00

10. Amount of Capital Contributions

in FLORIDA to date. \$19,200.00

11. MAKE CHECK PAYABLE TO 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 #	CLEMONS, MARVIN R	STREET ADDRESS	
NAME	1972 BROYHILL LANE	CITY - ST - ZIP	
STREET ADDRESS	PENSACOLA FL		
CITY - ST - ZIP			
DOCUMENT #	DAVIS, JOHN H	STREET ADDRESS	700004912287--5
NAME	4350 GARCON POINT ROAD	CITY - ST - ZIP	-02/13/02--01001--013
STREET ADDRESS	BAGDAD FL		****223.15 ****223.15
CITY - ST - ZIP			
DOCUMENT #	MCLAUGHLIN, CHARLES H	STREET ADDRESS	
NAME	1431 WISHBONE RD	CITY - ST - ZIP	
STREET ADDRESS	CANTONMENT FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		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

Marvin R. Clemons

SIGNATURE: *Marvin R. Clemons* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/31/02

Date

850/453-6201

Daytime Phone #

CR2E003 (9/01)