

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY 28 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001360 AT

DOCUMENT # A05088

1. Entity Name

SES GROUP - PACKWOOD, LTD.

Principal Place of Business

1794 VICTORIA PT CIR
WESTON FL 33327

Mailing Address

P.O. BOX 26-7775
WESTON FL 33326

2. Principal Place of Business

1871 Verone Ct.

3. Mailing Address

P O Box 11-1146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-1729900

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, MELISSA

1794 VICTORIA PT CIR
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1871 Verone Court

City

Naples

FL

Zip Code

34109

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.

3-31-02

DATE

9. Capital Contributions
as Shown on record.

\$527,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

JONES, ROBERT C.
PO BOX 2474
NAPLES FL 34106

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400005694304--9

STREET ADDRESS

CITY-ST-ZIP

-06/06/02--01070--004

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DOCUMENT #

NAME

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-31-02

Date

825 6737

Daytime Phone #

CR2E003 (9/01)