

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 10 1

DOCUMENT # **A05253**

1. Entity Name

H.D. MARCLAY COMPANY, LTD.

FILED

02 MAR 19 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**353 SOUTH ATLANTIC AVE
ORMOND BEACH FL 32176**

Mailing Address

**353 SOUTH ATLANTIC AVE
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-1730234

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONE, HARRY C JR.

353 SOUTH ATLANTIC AVE

ORMOND BEACH FL 32176

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.

\$7,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	CONE, HARRY C. JR.
STREET ADDRESS	353 SOUTH ATLANTIC AVE
CITY-ST-ZIP	ORMOND BCH FL
DOCUMENT #	
NAME	CONE, DAWN
STREET ADDRESS	353 SOUTH ATLANTIC AVE
CITY-ST-ZIP	ORMOND BCH FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	500005152985--2
CITY-ST-ZIP	-03/25/02--01034--015
	****526.25 ****141.25
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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: Harry C. Cone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/02 (386) 673-9823
Date Daytime Phone #

CR2E003 (9/01)