

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A13203

1. Entity Name

44TH STREET INDUSTRIAL PARK, LTD.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

Principal Place of Business

2864 BRIDLEWOOD DRIVE  
PALM HARBOR FL. 34683

Mailing Address

2864 BRIDLEWOOD DRIVE  
PALM HARBOR FL. 34683-2001



2. Principal Place of Business

3. Mailing Address

12190 44TH ST. N.

509 HARBOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL.

City & State

BELLEAIR BEACH, FL.

4. FEI Number

59-2214857

Applied For

Not Applicable

Zip

33762

Country

FLORIDA

Zip

33786

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRIVACS, JAMES K.  
756 SAMANTHA DR.  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

JAMES KNIGHT

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

509 HARBOR DRIVE

City

BELLEAIR BEACH

FL

Zip Code

33786

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$124,750.00

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 KRIVACS, JAMES K. JAMES KNIGHT  
STREET ADDRESS 756 SAMANTHA DR. 509 HARBOR DR.  
CITY - ST - ZIP PALM HARBOR FL 34683 BELL AIR BEACH FL 33786

13. ADDRESS CHANGES ONLY

STREET ADDRESS ~~509 HARBOR DR.~~ 509 HARBOR DR.  
CITY - ST - ZIP BELLEAIR BEACH, FL 33786

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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)

SIGNATURE REQUIRED  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES KNIGHT

Date

4/24/00

Daytime Phone #

(727) 555-4274

CR2E003 (9/99)