

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A15167

1. Entity Name
NEPTUNE PARTNERS, LTD.

FILED
00 JAN 12 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 329
PLACIDA FL 33946

Mailing Address
P.O. BOX 329
PLACIDA FL 33946-0329



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 33-0040723
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE FL 32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$80,000.00 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G56749	STREET ADDRESS	
NAME	WMI CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	11000 PLACIDA RD., UNIT 1802		
CITY - ST - ZIP	PLACIDA FL 33946		
DOCUMENT #		STREET ADDRESS	200003099462--6
NAME		CITY - ST - ZIP	-01/14/00--01082--023
STREET ADDRESS			****535.00 ****535.00
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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

SIGNATURE: **JAMES WINTNER** 1/10/2000 941-697-3365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

C-32E003 (9/99)