2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

2002 UNIFORM BUSINESS REPORT (UBR)								APPRUVEL AND			
DOCUMENT # A17676							FILED				
APEX PROPERTIES, LTD.							02 MAR -8 PM 1: 46				
							SECRETARY OF STATE FAULTAHASSEE, FLORIDA				
Principal Place of Business Mailing Address 10605 ILEX STREET 10605 ILEX STREET						FACE AHASSEE. PLUKIE				. FLUKIUA	
TAMPA FL 33618 TAMPA FL 33618											
2. Principal Place of Business 3. Mailing Address							1 10011	1981 11811 18819 81211 18801 1811 B	i	FII 01911 01911 B1011 B1011 B1011 IOO1	
Suite, Apt. #, etc. Suite, Apt				ite, Apt. #, etc.	Apt. #, etc.			DUE BY MAY 1, 2002			
City & State City & State							4. FEI Number	59-2436946		Applied For Not Applicable	
Zip	Country		Zip	Zip Coun		ntry	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					
EVANCE THOMAS D						Name					
EVANS, THOMAS P 10605 ILEX STREET						Street Address	treet Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33618											
						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.						butions		11. MAKE CHECK PAY		TO DEDT OF STATE	
as Shown on record. 4300,000 in FLORIDA to date							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.	F00070	GENERAL PARTNER	INFOR	MATION	13.			ADDRESS CHANGES	ONLY	′	
DOCUMENT # NAME	F86970 EVANS FARMS, INC				STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	10605 ILEX STREET TAMPA FL 33618			сіту-		-ST-ZIP					
DOCUMENT #				· · · · · · · · · · · · · · · · · · ·	STRE	EET ADDRESS	·				
NAME STREET ADDRESS					CITY	-ST-ZIP					
DOCUMENT #							7000051091976				
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DOCUMENT #					CTOT	ET ADDRESS					
NAME \$\frac{1}{2}\$ STREET ADDRESS											
CITY-ST-ZIP			a > #**			-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											

77 Jumas P. Evans - 3/2/02-(813) 932-2898