

2002 UNIFORM BUSINESS REPORT (UBR)

0014294 AT

DOCUMENT # A18665

1. Entity Name

SDV, LTD.

FILED

02 MAY -1 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5015 S. FLORIDA AVE., SUITE 200
LAKELAND FL 33813

Mailing Address

P.O. BOX 5252
LAKELAND FL 33807



2. Principal Place of Business

3. Mailing Address

500 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

City & State

City & State

Lakeland FL

Zip

Country

Zip

Country

33801

USA

DUE BY MAY 1, 2002

4. FEI Number

59-2470663

Applied For

Not Applicable

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

PETER A. MCFARLANE, P.A.
5015 S. FLORIDA AVE., SUITE 215
LAKELAND FL 33813

Name

Street Address (P.O. Box Numbers Not Acceptable)

500 S. Florida Ave

715

City

Lakeland

FL

Zip 33801

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.

\$5,000.00

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 # H09385
NAME PWV, INC.
STREET ADDRESS 5015 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

STREET ADDRESS

500 S. Florida Avenue, #700
Lakeland, FL 33801

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

700005509987--6

CITY-ST-ZIP

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****150.00 ****150.00

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

863-647-1581

Date

Daytime Phone #

CR2E003 (9/01)