

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24643**

1. Entity Name

SET POINT ASSOCIATES, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 9:58

Principal Place of Business

%SCULLY COMPANY
801 OLD YORK RD.
JENKINTOWN PA 19046

Mailing Address

%SCULLY COMPANY
801 OLD YORK RD.
JENKINTOWN PA 19046-1611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2447013

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

NRAI SERVICES, INC

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

526 EAST PARK AVE

City

TALLAHASSEE

FL

Zip Code

32301

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 *Betty B. Young* **Betty B. Young, Assistant Secretary** 4/21/2000

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.

\$1,990.00

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 # **P14755**
NAME **SET POINT, INC.**
STREET ADDRESS **801 OLD YORK RD.**
CITY - ST - ZIP **JENKINTOWN PA**

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES D. SCULLY JR.

TREASURER/DIRECTOR

OF SET POINT INC.

GEN'L PARTNER

4/19/00 (215) 887-8400

Date

Daytime Phone #

CR2E003 (9/99)