

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27004**

1. Entity Name

**DUCAT INVESTMENTS, LTD.**

Principal Place of Business

2010 DUNDEE RD..  
WINTER HAVEN FL 33884

Mailing Address

2010 DUNDEE RD..  
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**FILED**

02 JULY 16 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-2906684**

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**

**DUCAT, MICHAEL A.  
2010 DUNDEE RD.  
WINTER HAVEN FL 33880**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$400,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DUCAT, MARIANNE  
2010 DUNDEE ROAD  
WINTER HAVEN FL 33880**

STREET ADDRESS

CITY-ST-ZIP

**900006225729--1**

**-0705702--01060--011  
\*\*\*\*926.25 \*\*\*\*926.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DUCAT, MICHAEL A.  
2010 DUNDEE RD.  
WINTER HAVEN FL**

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**6-27-02 863-294-3295**

Date

Daytime Phone #

CR2E03 (9/01)

0014615 AT