

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004548
AV

DOCUMENT # **A27656**

1. Entity Name

ENCO MORTGAGE PARTNERS, LTD.

02 JUN -5 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4350 W. CYPRESS ST., SUITE 275
TAMPA FL 33607**

Mailing Address

**4350 W. CYPRESS ST., SUITE 275
TAMPA FL 33607**



2. Principal Place of Business

4104 W. Linebaugh Ave

3. Mailing Address

4104 W. Linebaugh Ave

Suite, Apt. #, etc.

Ste 202

Suite, Apt. #, etc.

Ste 202

City & State

Tampa, FL

City & State

Tampa, FL 336

DUE BY MAY 1, 2002

Zip

33624

Country

USA

Zip

33624

Country

USA

4. FEI Number

59-2920482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOHL, TIMOTHY M

**4350 W. CYPRESS ST., SUITE 275
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

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

4104 W. Linebaugh Ave., Ste 202

City

Tampa

FL

Zip Code

33624

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.

\$425,000.00

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

DOCUMENT # **F66032**
NAME **EXEC. NAT'L DEV. CORP.**
STREET ADDRESS **4350 W. CYPRESS ST., SUITE 275**
CITY-ST-ZIP **TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4104 W. Linebaugh Ave., Ste 202**
CITY-ST-ZIP **Tampa, FL 33624**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **000005754880--2**
CITY-ST-ZIP **-06/12/02--01008--021
****837.50 ****837.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **437.50-CP**
CITY-ST-ZIP **88.75-AR88P**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **311.25 GRA**
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

6/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)