

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27656**

1. Entity Name
ENCO MORTGAGE PARTNERS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 13 PM 4:29

W/4/15

Principal Place of Business
**4104 W. LINEBAUGH AVE., STE. 202
TAMPA FL 33624**

Mailing Address
**4104 W. LINEBAUGH AVE., STE. 202
TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

**HOHL, TIMOTHY M
4104 W. LINEBAUGH AVE., STE. 202
TAMPA FL 33624**

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 # **F66032**
NAME **EXEC. NAT'L DEV. CORP.**
STREET ADDRESS **4104 W. LINEBAUGH AVE., STE. 202**
CITY-ST-ZIP **TAMPA FL 33624**

STREET ADDRESS

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CITY-ST-ZIP

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01/13/03--01094--025 **526.25

CR2E003 (10/02)

0013645 AT

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

L Hohl

1/7/03

813-961-1809

Date

Daytime Phone #