

2001 UNIFORM BUSINESS REPORT (UBR)

0014624 AF

DOCUMENT # **A27817**

1. Entity Name

GARRETT INVESTMENTS, LTD.

FILED

01 FEB -5 AM 10:50

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4512 HUDSON LANE
TAMPA FL 33624**

Mailing Address

**%TERRENCE F. PYLE, P.A.
P.O. BOX 5869
SUN CITY CENTER FL 33571**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2926183

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

Name

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

City

FL

Zip Code

**PYLE, TERRACE F.
707 DEL WEBB BLVD.
SUN CITY CENTER FL 33573**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$980,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$980,000.00

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

**GARRETT, NORMA C.
4512 HUDSON LANE
TAMPA FL 33624**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**GUZZO, REBA D.
4512 HUDSON LANE
TAMPA FL 33624**

STREET ADDRESS

CITY - ST - ZIP

**508883675255-3
-02/12/01--01150--017
****526.25 ****526.25**

DOCUMENT #

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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:

Norma C. Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-22-01 (813) 969-0251

CR2E003 (11/00)