

2002 UNIFORM BUSINESS REPORT (UBR)

0014855 AT

DOCUMENT # **A28200**

1. Entity Name

BILL SMITH PLAZA, LTD.

STATE COPY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 PM 3:59

Principal Place of Business
**5010 TAMiami TRAIL NORTH
NAPLES FL 34103**

Mailing Address
**5010 TAMiami TRAIL NORTH
NAPLES FL 34103**



2. Principal Place of Business
**4081 Tamiami North
Suite, Apt. #, etc. C-201
City & State NAPLES, FL 34103
Zip Country**

3. Mailing Address
**4081 Tamiami North
Suite, Apt. #, etc. C-201
City & State NAPLES, FL 34103
Zip Country**

DUE BY MAY 1, 2002

4. FEI Number **65-0106607** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PREVOLOS, DEAN
5010 TAMiami TRAIL NORTH
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **DENNIS LYNCH**
Street Address (P.O. Box Number is Not Acceptable) **4081 Tamiami North, C-201**
City **NAPLES, FL** Zip Code **34103**

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 *Dennis J. Lynch* **DENNIS J. LYNCH** DATE

9. Capital Contributions as Shown on record. **\$930,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **930,000** 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	STREET ADDRESS	CITY-ST-ZIP	
	LYNCH, DENNIS J	5006 TAMiami TRAIL NORTH	4081 Tamiami North	NAPLES, FL 34103	
	NAPLES FL 34103				
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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: *Dennis J. Lynch* **DENNIS J. LYNCH** 1/15/2002 941-649-1188

CR2E003 (9/01)

STAPLE CHECK HERE