

2002 UNIFORM BUSINESS REPORT (UBR)

0020892
SP

DOCUMENT # A28995

1. Entity Name
FORCE FINANCIAL, LTD.

FILED

02 MAY -1 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**4250 LAKESKED DRIVE, SUITE 212
JACKSONVILLE FL 32210**

Mailing Address
**4250 LAKESKED DRIVE, SUITE 212
JACKSONVILLE FL 32210**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY-MAY 1, 2002

4. FEI Number **59-2969379** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CATER, JAMES W., JR.
4250 LAKESKED DRIVE, SUITE 212
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record: **\$2,632,880.00**

10. Amount of Capital Contributions in FLORIDA to date: **2,632,880.00**

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	CATER, JAMES W., JR. 4250 LAKESKED DRIVE, SUITE 212 JACKSONVILLE FL 32210	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L40124 FORCE FINANCIAL CORP. 4250 LAKESKED DRIVE, SUITE 212 JACKSONVILLE FL 32210	STREET ADDRESS CITY-ST-ZIP	300005554249--3 -05/16/02--01026--007 ****526.25 ****526.25
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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: *James W. Carter, Jr.* **James W. Carter, Jr. 4-30-02 904381-0421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)