2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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DOCUMENT # A29285 1. Entity Name					FILED		
PUPELLO INVESTMENTS, LTD.				00 JAN 21 PM 12: 45			
1 1770 0000		Mailing Address 1115 CULBREATH ISLES D TAMPA FL 336294806	•		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		SPACE	
City & State		City & State			4. FEI Number 59-2986267	Applied For	
Zip	Country	Zip Country		try	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			
		r		Name			
PUPELLO, JOSEPH				Street Address (P.O. Box Number is Not Acceptable)			
1115 CULBREATH ISLES DRIVE NORTH							
TAMPA FL 33629							
				City 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 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. 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.							
				. ADDRESS CHANGES ONLY			
DOCUMENT#				TT ADDRESS			
NAME	PUPELLO, JOSEPH C., SR. 601 S. DALE MABRY BLVD. TAMPA FL		SIRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			СПҮ	-ST-ZIP	6000031118361		
DOCUMENT# NAME	PUPELLO, MARGARET L. 1115 CULBREATH ISL DR N TAMPA FL		STRE	ET ADDRESS	-01/27/0001002002 ****526.25) ****526.25		
STREET ADDRESS CITY - ST - ZIP			СПҮ	-ST-ZIP			
DOCUMENT#	PAPPAS, NANCY P. 601 S. DALE MABRY BLVD.		STRE	ET ADDRESS			
STREET ADDRESS - CITY-5T-ZIP			CITY	-ST-ZIP			
DOCUMENT# NAME		منية إستعناك الأساء	STRI	EET ADOPIËSS	<u> </u>		
STREET ADDRESS CITY - ST - ZIP				-ST-ZIP			
DOCUMENT#			STRE	EET ADDRESS			
STREET ADDRESS			CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
DOCUMF S			STRE	ET ADDRESS	*. ** **		
STREET ADDRESS CITY - ST - ZIP	-			-ST-20P	·		
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							