

# 2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

DOCUMENT # **A29303**

1. Entity Name

**FISHER ROAD WAREHOUSE, LTD.**

**FILED**

**00 MAR 13 AM 11:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O KALEMERIS CONSTRUCTION, INC. P.O. BOX 15422 TAMPA FL 33684</b>	Mailing Address <b>C/O KALEMERIS CONSTRUCTION, INC. P.O. BOX 15422 TAMPA FL 33684-5422</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
<b>NOT APPLICABLE</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KALEMERIS, JAMES G 5010 CORTEZ AVENUE NORTH TAMPA FL 33614</b>
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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. Capital Contributions as Shown on record.	<b>\$43,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>\$43,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT #	
NAME	<b>KALEMERIS, JAMES G</b>
STREET ADDRESS	<b>5010 CORTEZ AVENUE NORTH</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	<b>KALEMERIS, JOYCE C</b>
STREET ADDRESS	<b>5010 CORTEZ AVENUE NORTH</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>400003183984--4</b>
CITY - ST - ZIP	<b>-03/24/00--01122--003</b>
STREET ADDRESS	<b>****389.75 ****389.75</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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

**1/4/2000**  
Date

Daytime Phone #