

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32779**

1. Entity Name

WATERMILL EXPRESS I LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33

Principal Place of Business

BOX 1096
DUNEDIN FL 34697

Mailing Address

BOX 1096
DUNEDIN FL 34697-1096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1622378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THORN, W. THOMPSON, III
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA FL 33602

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

9. Capital Contributions
as Shown on record.

\$60,000.00

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P37959
NAME VS HOLDINGS, INC.
STREET ADDRESS 101 E. KENNEDY BLVD., STE. 2800
CITY - ST - ZIP TAMPA FL 33602

STREET ADDRESS

CITY - ST - ZIP

900003288639--3

-06/14/00--01051--017

****508.75 ****508.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

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420.00 LP

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STREET ADDRESS

CITY - ST - ZIP

Watermill Express I Ltd. Partnership
By: VS Holdings, Inc.

14. I hereby certify that the information supplied in 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

Date

Daytime Phone #