

2000 UNIFORM BUSINESS REPORT (UBR)

001:567 NY 2982:100

DOCUMENT # **A33095**

1. Entity Name
JENNEY PROPERTIES, LTD.

FILED
00 AUG -7 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
655 CIDCO ROAD
COCOA FL 32926

Mailing Address
655 CIDCO ROAD
COCOA FL 32926-5811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3128471		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

JENNEY, ALFRED P.
655 CIDCO ROAD
COCOA FL 32926

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$7,500.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP	JENNEY, ALFRED P. 3404 N. INDIAN RIVER DR. COCOA FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	JENNEY, CAROL J. 3404 N. INDIAN RIVER DR. COCOA FL	STREET ADDRESS	500003348045-5 -08/07/00--01130--007 ***193.75 ***141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	294152 EQUIPMENT FABRICATORS, INC. 655 CIDCO ROAD COCOA FL <i>Amendment 8-7-00</i>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<i>OK</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<i>FF 8/4.25</i>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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]* **SIGNATURE REQUIRED** 1/10/00 321-632-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/99)