

2002 UNIFORM BUSINESS REPORT (UBR)

0014560 AT

DOCUMENT # **A33554**

1. Entity Name

UPPER CRUST INVESTMENT, LTD.

LF

FILED

02 APR 23 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1860 MARINA CIRCLE
FORT MYERS FL 33903

Mailing Address

P.O. BOX 1503
FT. MYERS FL 33902

2. Principal Place of Business

2248 First St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Fort Myers, FL

City & State

4. FEI Number

65-0362878

Applied For

Not Applicable

Zip

33901

Country

USA

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

BURGES, M. J., JR.

1860 MARINA CIRCLE

N. FT. MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

2248 First St

City

Fort Myers

FL

Zip Code

33901

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.

MJ Burges

4/18/02

DATE

9. Capital Contributions
as Shown on record.

\$640,005.00

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
BURGES, M. J., JR.
1860 MARINA CIRCLE
N. FT. MYERS FL 33903

STREET ADDRESS
CITY-ST-ZIP
2248 First St
Fort Myers, FL 33901

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

8000005451988-1
-05/06/02--01013--021
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

8000005451988-1
-05/06/02--01013--021
****526.25 ****526.25

DOCUMENT #
NAME
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:

MJ Burges

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)