

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33559**

1. Entity Name

NANCY RW FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**5700 70TH AVENUE NORTH
PINELLAS PARK FL 33781**

Mailing Address

**5700 70TH AVENUE NORTH
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3151957

Applied For

Not Applicable

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

WYGLE, NANCY R

5700 70TH AVENUE NORTH

PINELLAS PARK FL 34665

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.

DATE

9. Capital Contributions

\$0.00

10. Amount of Capital Contributions

in FLORIDA to date.

None

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 # **V71994**
NAME **NANCY RW CORP.**
STREET ADDRESS **5700 70TH AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

STREET ADDRESS

CITY-ST-ZIP

300005503649--6

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**05/10/02 01001-016
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nancy R. Wygle 4/26/02

Date

Daytime Phone #

727-545-9555

CR2E003 (9/01)

0014202 AI

APPROVED
AND
FILED
02 APR 30 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

