

2001 UNIFORM BUSINESS REPORT (UBR)

0010814 AF

DOCUMENT # A93000000111

1. Entity Name

ARGON ASSOCIATES, LTD.

FILED

01 MAY 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

800 LAUREL OAK DRIVE, STE. 600
NAPLES FL 34108

Mailing Address

800 LAUREL OAK DRIVE, STE. 600
NAPLES FL 34108

2. Principal Place of Business

4968 Tamiami Trail No.

3. Mailing Address

4968 Tamiami Trail No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0385255

Applied For

Not Applicable

Zip

34103

Country

US

Zip

34103

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETZ, PETER G

C/O ARGON ASSOC., 800 LAUREL OAK DR.

SUITE 600

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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

4968 Tamiami Trail No.

City

Naples

FL

Zip Code

34103

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

Peter G. Betz

5/29/01

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.

\$0.00

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

DOCUMENT # P93000007504
NAME ARGON RESEARCH CORPORATION
STREET ADDRESS 800 LAUREL OAK DR., STE. 600
CITY-ST-ZIP NAPLES FL 34108

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4968 Tamiami Trail No.
CITY-ST-ZIP Naples, FL 34103

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 0000004419470--2
CITY-ST-ZIP -06/14/01--01043--006
****141.25 ****141.25

DOCUMENT #
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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 820, Florida Statutes

SIGNATURE:

Peter G. Betz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/29/01

Date

941.430.7876

Daytime Phone #

CR2E003 (11/00)