

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0012830  
AT

DOCUMENT # **A93000000304**

1. Entity Name

**EBML ENTERPRISES, LTD.**

02 APR 15 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

11235 MANSKER ROAD  
DADE CITY FL 33525

Mailing Address

11235 MANSKER ROAD  
DADE CITY FL 33525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3172400**

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

**SARGENT, EDWIN B**

**11235 MANSKER RD**

**DADE CITY FL 33525**

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  
as Shown on record.

**\$5,000,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>SARGENT, EDWIN B</b>	<b>11235 MANSKER RD.</b>	<b>DADE CITY FL 33525</b>
	<b>SHIDLER, MARGARET S</b>	<b>3320 NAKORA DR.</b>	<b>TAMPA FL 33618</b>
	<b>SARGENT, LEE WILLIAM</b>	<b>11711 PHOENIX CIRCLE</b>	<b>TAMPA FL 33618</b>

STREET ADDRESS	CITY-ST-ZIP
	<b>300005309589-0</b> <b>-04/19/02--01089--006</b> <b>****526.25 ****526.25</b>
<b>11711 Phoenix Circle</b>	<b>Tampa, FL 33618</b>
<b>1104B Mansker Rd</b>	<b>Tampa Dade City, FL 33525</b>

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: Edwin B. Sargent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/2/02 Daytime Phone #: (352) 567-2001

CR2E003 (9/01)