

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007370 AT

DOCUMENT # **A93000000557**

1. Entity Name
EV ENERGY SYSTEMS, LTD.



FILED
03 APR 25 PH 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**4010 NW 25TH PLACE
GAINESVILLE FL 32606**

Mailing Address
**4010 NW 25TH PLACE
GAINESVILLE FL 32606**



2. Principal Place of Business
4300 NW 23 AVENUE

3. Mailing Address
4300 NW 23 AVENUE

Suite, Apt. #, etc.
530

Suite, Apt. #, etc.
530

DUE BY MAY 1, 2003

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number **59-3204340**

Applied For
Not Applicable

Zip
32606

Country

Zip
32606

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOYER, ERNEST H
4010 NW 25TH PLACE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

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

4300 NW 23 AVENUE, Suite 530

City **GAINESVILLE**

FL

Zip Code
32606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$160,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P93000022850**
NAME **FLORIDA TECHNOLOGY MANAGEMENT, INC.**
STREET ADDRESS **4010 NW 25TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

STREET ADDRESS **4300 NW 23 AVENUE, Suite 530**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

DOCUMENT #
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CITY-ST-ZIP

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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: **ERNEST H. MOYER, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03 (352) 514-7687

Date Daytime Phone #

CP2E003 (10/02)

STATE CHECK HERE