

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000775**

1. Entity Name

**TULCO RESOURCES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 12 PM 1:33

Principal Place of Business

C/O JUD LAIRD  
759 PARKWAY  
JUPITER FL 33477

Mailing Address

C/O JUD LAIRD  
759 PARKWAY  
JUPITER FL 33477-4567



2. Principal Place of Business

**603 E COMMERCE WAY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 11**

DO NOT WRITE IN THIS SPACE

City & State

**JUPITER, FLA.**

City & State

4. FEI Number

**65-0530539**

Applied For

Not Applicable

Zip

**33458**

Country

**PB Co.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAIRD, JUD  
759 PARKWAY  
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

**JUD LAIRD**

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

**603 E. COMMERCE WAY, # 11**

City

**JUPITER**

**FL**

Zip Code

**33458**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7 June 2000**

9. Capital Contributions  
as Shown on record.

**\$5,000.00**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LAIRD, JUD  
759 PARKWAY  
JUPITER FL 33477 JUPITER, FLA. 33458**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**400003297804--7**

**-06/20/00--01073--020**

**\*\*\*\*141.25 \*\*\*\*141.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

**SIGNATURE REQUIRED (JUD LAIRD)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7 JUNE 2000 561-747-7700**

Date

Daytime Phone #