

# 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 *mf*

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**603 E COMMERCE WAY**

3. Mailing Address  
Suite, Apt. #, etc.  
**# 11**

City & State  
**JUPITER, FLA.**

Zip  
**33458**

Country  
**PB Co.**

City & State

Zip

Country

4. FEI Number **65-0530539**

Applied For  
 Not Applicable

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 *Jud Laird* DATE **7 June 2000**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #	LAIRD, JUD
NAME	759 PARKWAY 603 E. COMMERCE WAY #11
STREET ADDRESS	JUPITER FL 33477 JUPITER, FLA. 33458
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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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	
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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 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED (JUD LAIRD)** DATE: **7 JUNE 2000** 561-747-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

11-151-1003-PC