

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000916**

1. Entity Name

ROTH-SCHWEIZER II LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 6:32

Principal Place of Business

660 SOUTH BARRACKS STREET, SUITE #210
PENSACOLA FL 32501

Mailing Address

660 SOUTH BARRACKS STREET, SUITE #210
PENSACOLA FL 32501-6053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 Laguna Street
Suite, Apt. #, etc.
S-201

3. Mailing Address

4 Laguna Street
Suite, Apt. #, etc.
S-201

City & State

Ft Walton Beach FL

City & State

Ft Walton Beach FL

4. FEI Number

59-3200692

Applied For

Not Applicable

Zip

32548

Country

USA

Zip

32548

Country

USA

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

6. Name and Address of Current Registered Agent

HALFORD, DOUGLAS C

660 SOUTH BARRACKS STREET, SUITE #210
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

W. Todd Schweizer

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

4 Laguna Street

Suite 201

City

Fort Walton Beach

FL

Zip Code

32548

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-29-2000

9. Capital Contributions as Shown on record.

\$7,500.00

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 # P97000095803
NAME SHUANEE CORPORATION
STREET ADDRESS 660 SOUTH BARRACKS STREET, SUITE #210
CITY - ST - ZIP PENSACOLA FL 32501

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

850-301-0179

CR2E003 (9/99)