2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000927

1. Entity Name
THE SUMCARLOS LIMITED PARTNERSHIP

FILED
00 JAN 10 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14860 SIX MILE CYPRESS PKWY. FT. MYERS FL 33912	14860 SIX MILE CYPRESS PKWY. FT. MYERS FL 33912-4406

2. Principal Place of Business	3. Mailing Address
5571 HALIFAX AVE.	5571 HALIFAX AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. MYERS FL	City & State: FT. MYERS, FL
Zip: 33912 Country:	Zip: 33912 Country:

4. FEI Number 65-0453998 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOLAND, JOHN A
1715 MONROE STREET
FT. MYERS FL 33902

7. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $9,000.00

10. Amount of Capital Contributions in FLORIDA to date. 9,000

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 #	P93000040774	STREET ADDRESS	5571 HALIFAX AVE.
NAME	SUMCARLOS, INC.		
STREET ADDRESS	14860 SIX MILE CYPRESS PKWY.	CITY-ST-ZIP	FORT MYERS, FL 33912
CITY-ST-ZIP	FT. MYERS FL 33912		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	500003096775--1
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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: SIGNATURE REQUIRED Secr/Treas Sumcarlos, Inc. 1/5/00 941-454-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)