

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JAN 22 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001205

1. Entity Name

PWR INVESTMENT GROUP, LTD.

Principal Place of Business

1533 US 19 NORTH
HOLIDAY FL 34691-5650

Mailing Address

1533 US 19 NORTH
HOLIDAY FL 34691-5650



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3208857

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPITONE, PETER V
1533 US HIGHWAY 19 NORTH
HOLIDAY FL 34691-5650

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.

DATE

9. Capital Contributions as Shown on record.

\$37,279.00

10. Amount of Capital Contributions in FLORIDA to date.

37279.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PIPITONE, PETER V	1533 US 19 N.	HOLIDAY FL 34691
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WEISS, ARTHUR	1533 US 19 N.	HOLIDAY FL 34691
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SCROPPA, JOHN W	1533 US 19 N.	HOLIDAY FL 34691
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100004830721--8
CITY-ST-ZIP	01/28/02 01047 023 ****349.75 ****349.75
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)

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