

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001236**

1. Entity Name

**DUPONT STATION LIMITED PARTNERSHIP**

FILED

00 MAY -8 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4350 W. CYPRESS STREET. #250 TAMPA FL 33607	Mailing Address 4350 W. CYPRESS STREET. #250 TAMPA FL 33607-4190
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0450520</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**EURO AMERICAN MANAGEMENT, INC.**  
4350 W. CYPRESS STREET  
#250  
TAMPA FL 33607

**7. Name and Address of New Registered Agent**

Name **Ameurco Management, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**4350 W. Cypress Street**  
**Suite 250**  
City **Tampa** FL Zip Code **33607**

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  (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$1,600,200.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>P93000080244</b> <b>EURO V, INC.</b> <b>4350 W. CYPRESS STREET, SUITE 250</b> <b>TAMPA FL 33607</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>300003242983--6</b> <b>-05/08/00--01115--001</b> <b>****150.00 ****150.00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>300003242983--6</b> <b>-04/06/00--90021--016</b> <b>****526.25 ****376.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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 #

CR2E003 (9/99)