

2001 UNIFORM BUSINESS REPORT (UBR)

0009695 AF

DOCUMENT # A93000001396

1. Entity Name

FOG PARTNERS ONE LIMITED

FILED
 01 APR 26 PM 6:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1745 W. FLETCHER AVE.
 TAMPA FL 33612

1745 W. FLETCHER AVE.
 TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3216774

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, MICHAEL P
 1745 W. FLETCHER AVE.
 TAMPA FL 33612

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 _____ (NO: Registered Agent's signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,287.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P93000006228**
 NAME **DURBNECK, INC.**
 STREET ADDRESS **1745 W. FLETCHER AVE.**
 CITY - ST - ZIP **TAMPA FL 33612**

STREET ADDRESS

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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:

Michael P. Rice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Michael P. Rice

4-16-01
 Date

(813) 968-6511
 Daytime Phone #

CR2E003 (11/00)