

2002 UNIFORM BUSINESS REPORT (UBR)

0006760 AT

DOCUMENT # A93000001434

1. Entity Name
1300 METRO, LTD.

FILED LF
02 APR 25 PM 12:46

Principal Place of Business
1300 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308

Mailing Address
P.O. BOX 14019
TALLAHASSEE FL 32317



2. Principal Place of Business
1815 Miccosukee Commons Dr.

3. Mailing Address

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip
32308

Country ?
Leon USA

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number 59-3154341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOBLIN, MILLARD J
1815 MICCOSUKEE COMMONS DRIVE, SUITE 104
TALLAHASSEE FL 32308

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 **4/22/02**
Signature, typed or printed name of registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. **\$1,100,000.00**

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 #	NOBLIN, MILLARD J	STREET ADDRESS	
NAME	1815 MICCOSUKEE COMMONS DR., STE. 104	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE FL 32308		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000005451870--9
NAME		CITY-ST-ZIP	-05/06/02--01010--021
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NAME		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: **4/17/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)