

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000742**

1. Entity Name

DESIGNWORKS CREATIVE PARTNERSHIP, LTD.

FILED

02 MAR 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**250 ROYAL COURT
DELRAY BEACH FL 33444**

**250 ROYAL COURT
DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0464732

Applied For

Not Applicable

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

**DESIGNWORKS CREATIVE PARTNESHIP, INC.
250 ROYAL COURT
DELRAY BEACH FL 33444**

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

\$200.00

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 # **P94000007143**
NAME **DESIGNWORKS CREATIVE PARTNERSHIP, INC.**
STREET ADDRESS **250 ROYAL COURT**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **500005108265--4**
NAME **03/14/02 01058 010**
STREET ADDRESS ******141.25 ****141.25**
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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]

Steven H. Heffner

2-20-02

561-272-6855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0012266 AT

STAPLE CHECK HERE