

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000758

Entity Name
HAVANA STEAM PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24

Principal Place of Business
POST OFFICE BOX 1128
HAVANA FL 32333

Mailing Address
POST OFFICE BOX 1128
HAVANA FL 32333-1128



Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip **Country** **Zip** **Country**

4. FEI Number 59-3237858 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
ROCKWOOD, THOMSON W
HIGHWAY 27 NORTH
HAVANA FL 32333

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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** _____

Capital Contributions as Shown on record. \$31,500.00 **10. Amount of Capital Contributions in FLORIDA to date.** 31,500.00 **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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # F94000002739	NAME HAVANA BOILER COMPANY	STREET ADDRESS	
STREET ADDRESS POST OFFICE BOX 1128, HWY 27 NORTH		CITY - ST - ZIP	
CITY - ST - ZIP HAVANA FL 32333			
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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: *Thomson W. Rockwood* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Date** 3/8/00 **Daytime Phone #** 850-539-6432

CR2E003 (9/99)