

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000905**

1. Entity Name

FXZ, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16. PM 1:59

Principal Place of Business

1440 NW 1ST CT.
BOCA RATON FL 33432

Mailing Address

P.O. BOX 766
BOCA RATON. FL 33429-0766

2. Principal Place of Business

3. Mailing Address

PO Box 1825

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ELLIJAY, GA

Zip

Country

Zip

Country

30539

USA

4. FEI Number

65-0506735

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

LAYMAN, NANCY C
1440 NW 1ST CT.
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$34,300.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP

LAYMAN, NANCY C
1440 NW 1ST CT.
BOCA RATON FL 33432

STREET ADDRESS

CITY - ST - ZIP

300003305643--0

-06/27/00--01016--001

*****328.85 ***328.76**

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6-10-00