UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

A94000001372

Principal Place of Business

Mailing Address

C/O JACK F. TOURTELOT 516 - 55TH AVENUE

C/O JACK F. TOURTELOT 516 - 55TH AVENUE

ST. PETERSBURG BEACH FL 33706

ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business C/O MONTA M. TOURTELOT	3. Mailing Address C/O MONTA M. TOURTELOT
Suite, Apt. #, etc. 516 - 55th AVENUE	Suite, Apt. #, etc. 516 – 55th AVENUE

FILED MAY 18 AM 11: 29

SECRETARY OF STATE TALLAHASSEE



DO NOT WRITE IN THIS SPACE

City & State	City & State			4. FEI Number		Applied For
ST. PETE BEACH, FL	ST. PETE B	BEACH, FL	4	59-3264314		Not Applicable
Zip Country	Zip	Count	try	5. Certificate of Status Desired		\$8.75 Additional
33706 PINELLAS	33706	LPINE	T.LAS	5. Sertimotic or olated beamed Fee Required		
6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Re	gistered /	Agent
		Name MONTA M. TOURTELOT				
Tourtelot, Jack F 516 - 55th Avenue		Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG BEACH FL 33706		COLONER SINCE				
	•		ST. PETE	ВЕАСН	FL	33706

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.

TOURTELOT

9. Capital Contributions as Shown on record.

\$468,783.00

Amount of Capital Contributions in FLORIDA to date.

\$468,783.00

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.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY 2000044189221
DOCUMENT # NAME	G94280900055 TOURTELOT PARTNERSHIP	STREET ADDRESS	2000044189221 -06/14/0101009002
STREET ADDRESS CITY-\$T-ZIP	516 - 55TH AVENUE ST. PETERSBURG BEACH FL 33706	CITY-ST-ZIP	-06/14/0101009002 ****526.25 ****526.25
DOCUMENT # NAME	·	STREET ADDRESS	-06/14/0101009002 ****526.25 ****526.25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS City-St-Zip		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·
DOCUMENT # NAME	*	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP ®	- γν ττ	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

MONTA M. TOURTELOT, GENERAL PARTNER

TOURTELOT PARTNERSHIP

727 360-9402

SIGNATURE:

Daytime Phone #