

2002-2003 UBR


APPROVED
AND
FILED

1063

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY -5 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>A94000001542</u>			
1. Name of Limited Partnership <u>BRENT D. SCHLAPPER FAMILY LIMITED PARTNERSHIP</u>			
2. Principal Office Address <u>234 CROOKED TREE TRAIL</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>234 CROOKED TREE TRAIL</u> Suite, Apt. #, etc.	
City & State <u>DELAND FL</u>		City & State <u>DELAND FL</u>	
Zip <u>32724-3432</u>	Country <u>USA</u>	Zip <u>32724-3432</u>	Country <u>USA</u>
4. Date Formed or Registered To Do Business in Florida <u>11/17/94</u>			
5. FEI Number <u>59-6284286</u>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: <u>270,000.00</u>			
7b. Amount of Capital Contributions in FLORIDA to date: <u>270,000.00</u>			
FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$2.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8. Name and Address of Current Registered Agent Name <u>BRENT D. SCHLAPPER</u> Street Address (P.O. Box Number is Not Acceptable) <u>234 CROOKED TREE TRAIL</u> Suite, Apt. #, Etc. City <u>DELAND</u> State <u>FL</u> Zip Code <u>32724-3432</u>			
9. Pursuant to the provisions of sections 620, 1051 and 620.192, Florida Statutes, the above-named limited partnership organized or for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by me, I am familiar with, and accept the obligations of sections 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <u>Brent D. Schlapper</u> DATE <u>5/1/2003</u>			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s) <u>Brent D. Schlapper</u>		Address of Each General Partner (Do NOT Use Post Office Box Numbers) <u>234 Crooked Tree Trail</u>	
City, State and Zip Code <u>DeLand, FL 32724-3432</u>		10a. Registration Document Number <u>700018018217</u>	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed on this annual report to be true and accurate and that my signature shall have the same legal effects as if made under oath. I, or trustee empowered to execute this report as required by chapter 620, Florida Statutes, certify that I am a General Partner of the limited partnership, receiver or			
SIGNATURE <u>Brent D. Schlapper</u>		DATE <u>5/1/03</u>	
Type or Printed Name of General Partner Signing Form <u>BRENT D. SCHLAPPER</u>		Telephone Number <u>386-734-7290</u>	

CR2E039 (10/02)

2003

Brent D. Schlapper Family Limited Partnership
234 Crooked Tree Trail
Deland, Florida 32724

Phone: (386) 736-9234 Fax: (386) 738-9603

May 2, 2003

Division of Corporations
Attn: Partnership Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: Brent D. Schlapper Family Limited Partnership
Document #A94000001542

Dear Partnership Division:

Please waive the penalty fees for my limited partnership, as I never received a UBR for 2002 or 2003. When we checked with the Division of Corporations since I had not received 2003, they informed us that they have on record that the UBR was returned to them as undeliverable.

I am enclosing a duly executed Limited Partnership Reinstatement. Kindly file the same today. I am utilizing the services of CSC Corporation to expedite this matter.

Thank you for your assistance.

Sincerely,


Brent D. Schlapper

p.s. Kindly return the UBR I mailed on May 1, 2003 with check.



CORPORATION SERVICE COMPANY™

3012

ACCOUNT NO. : 072100000032

REFERENCE : 080179 7377568

AUTHORIZATION :

Patricia Pigito

COST LIMIT : \$ 1061.25

ORDER DATE : May 2, 2003

ORDER TIME : 11:24 AM

ORDER NO. : 080179-005

CUSTOMER NO: 7377568

CUSTOMER: Ms. Lois Stockall
Brent D. Schlapper, D.o., P.a.
234 Crooked Tree Trail

Deland, FL 32724

RESUBMIT

Please give original
submission date as file date.

DOMESTIC FILINGS

NAME: BRENT D. SCHLAPPER FAMILY
LIMITED PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

NOTES: Please see client letter attached.

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
03 MAY -5 PM 1:03
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA