

2002 UNIFORM BUSINESS REPORT (UBR)

0011821 AT

DOCUMENT # **A94000001720**

1. Entity Name

PICCIANO FAMILY LIMITED PARTNERSHIP

FILED

02 JAN 18 PM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1654 FARMINGTON CIRCLE
WELLINGTON FL 33414**

Mailing Address

**1654 FARMINGTON CIRCLE
WELLINGTON FL 33414**

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

65-0655269

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

PICCIANO, PETER A

1654 FARMINGTON CIRCLE

WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

300004794179--5

-01/24/02--01051--003

City

******141.25 FL ****141.25**

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
as Shown on record.

\$1,000.00

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
	PICCIANO, PETER A	1654 FARMINGTON CIRCLE	WELLINGTON FL 33414
	PICCIANO, JULIE A	1654 FARMINGTON CIRCLE	WELLINGTON FL 33414

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

1/8/02

(561) 795-6097

CR2E003 (9/01)