

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000128**

1. Entity Name

EVERGREEN INVESTMENTS LIMITED PARTNERSHIP

FILED

02 JAN -9 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MMJ



Principal Place of Business

**13129 N. 19TH ST.
TAMPA FL 33612**

Mailing Address

**2519 MCMULLEN BOOTH RD.. #510-257
CLEARWATER FL 33761**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-3377383

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NOEL, JERRY

**2519 MCMULLEN BOOTH RD., #510-257
CLEARWATER FL 33761**

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] **Jerry Noel**
Signature, typed or printed name of registered agent and title if applicable.

1/4/02
DATE

9. Capital Contributions
as Shown on record.

\$160,000.00

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

DOCUMENT # **P94000088197**
NAME **EVERGREEN INVESTMENTS, INC.**
STREET ADDRESS **2519 MCMULLEN BOOTH ROAD, SUITE 510-257**
CITY-ST-ZIP **CLEARWATER FL 33761**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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*******535.00 *****535.00**

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 #

1/4/02 712-9395
(727)

0014062 AT

CR2E003 (9/01)