

2002 UNIFORM BUSINESS REPORT (UBR)

0012844 AT

DOCUMENT # **A95000000877**

1. Entity Name

THE MULLER FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 28



Principal Place of Business 88 N.E. 5TH AVE DELRAY BEACH FL 33483	Mailing Address 88 N.E. 5TH AVE DELRAY BEACH FL 33483
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DUE BY MAY 1, 2002	
4. FEI Number 65-0591108	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHMIDT, WILLIAM C 88 N.E. 5TH AVE DELRAY BEACH FL 33483
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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.	DATE _____

9. Capital Contributions as Shown on record. \$22,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$22,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F95000002832
NAME	R. P. MULLER, INC.
STREET ADDRESS	88 NE 5TH AVE.
CITY-ST-ZIP	DELRAY BEACH FL 33483
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	6000005184166--0
CITY-ST-ZIP	-04/03/02--01016--006
STREET ADDRESS	***242.75
CITY-ST-ZIP	***242.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

SIGNATURE: William C Schmidt **3-20-02 561-278-2294**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE