

2001 UNIFORM BUSINESS REPORT (UBR)

0016772 AF

DOCUMENT # A95000001136

1. Entity Name

REWARD "LTD"

Principal Place of Business

3848 W. MADURA RD.
GULF BREEZE FL 32561

Mailing Address

3848 W. MADURA RD.
GULF BREEZE FL 32561

01 FEB -5 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4340 Hickory Shores Blvd.

Suite, Apt. #, etc.

4340 Hickory Shores Blvd.

City & State

GULF BREEZE, FL.

City & State

GULF BREEZE, FL.

4. FEI Number

59-3335682

Applied For

Not Applicable

Zip

32561

Country

SANTA ROSA

Zip

32561

Country

SANTA ROSA

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

WARD, RONALD E

3848 W. MADURA RD.

GULF BREEZE FL 32561

Name

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

4340 Hickory Shores Blvd.

City

GULF BREEZE

FL

32561

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

Ronald E Ward (RONALD WARD)

(NOTE: Registered Agent signature required when reinstating)

DATE

30 Jan. 2001

9. Capital Contributions
as Shown on record.

\$500.00

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

WARD, RONALD E

STREET ADDRESS

3848 W. MADURA RD.

CITY-ST-ZIP

GULF BREEZE FL 32561

STREET ADDRESS

4340 Hickory Shores Blvd.

CITY-ST-ZIP

GULF BREEZE, FL. 32561

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

30 Jan. 2001 850 934 8911

CR2E003 (11/00)