

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001255

1. Entity Name

DUCKY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 2:01

Principal Place of Business
2400 EAST LAS OLAS BLVD.
SUITE 312
FT. LAUDERDALE FL 33301

Mailing Address
2400 EAST LAS OLAS BLVD.
SUITE 312
FT. LAUDERDALE FL 33301-1529



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
PMB 312 (only change)

Suite, Apt. #, etc.
PMB 312

City & State

City & State

4. FEI Number 65-0642198

Applied For
Not Applicable

Zip Country

Zip Country

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

GLASS, SUSAN B
2400 E. LAS OLAS BLVD., STE 312 PMB 312
FT. LAUDERDALE FL 33301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1000

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 # P95000063558
NAME INDEPENDENCE MANAGEMENT, INC.
STREET ADDRESS 2400 E. LAS OLAS BLVD., STE 312 PMB 312
CITY - ST - ZIP FT. LAUDERDALE FL 33301

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY - ST - ZIP

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*****282.50 *****141.25

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
Susan B. Glass

1/14/2000
Date

954-728-9348
Daytime Phone #