

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013771 AT

**DOCUMENT # A96000000274**

FILED

1. Entity Name

SFS PROVISION FUND, LTD.

02 APR -9 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business ERINMARK, INC., C/O SEMBLER INVESTMENTS 11300 - 4TH STREET NORTH, STE. 200 ST. PETERSBURG FL 33716	Mailing Address ERINMARK, INC., C/O SEMBLER INVESTMENTS 11300 - 4TH STREET NORTH, STE. 200 ST. PETERSBURG FL 33716
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3360922**      Applied For  
Not Applicable

**DUE BY MAY 1, 2002**

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

MASTER CONTROL, INC.  
11300 4TH STREET NORTH  
SUITE 200  
ST. PETERSBURG FL 33716

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$990.00**      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	<b>P97000017669 MASTER CONTROL, INC. 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33716-2940</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<del>5000005258295--9</del>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<del>-04/12/02--01089--013</del> <del>***141.25 ***141.25</del>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: BY: *M. Steven Semblor*      3/18/02      (727) 577-5522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)