

2001 UNIFORM BUSINESS REPORT (UBR)

001121 AF

DOCUMENT # A96000000315

1. Entity Name

C.B.D. VENTURES, LTD.

FILED

01 JUN -1 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

516 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223

Mailing Address

516 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223

2. Principal Place of Business

512 Valencia Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

4. FEI Number

65-0649704

Applied For

Not Applicable

Zip

34285

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUPONT, PAUL ROBERT JR.
516 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

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

512 Valencia Rd

City

Venice

FL

Zip Code

34285

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, in ink, of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/01

9. Capital Contributions
as Shown on record.

\$85,909.07

10. Amount of Capital Contributions
in FLORIDA to date.

85,909.07

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 # P96000008620
NAME BOBCE INC.
STREET ADDRESS 516 PAUL MORRIS DR., UNIT H
CITY-ST-ZIP ENGLEWOOD FL 34223

13. ADDRESS CHANGES ONLY

STREET ADDRESS 512 Valencia Rd.
CITY-ST-ZIP Venice FL 34285

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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

1-16-2001

Date

941-473-2422

Daytime Phone #

CR2E003 (11/00)