

2001 UNIFORM BUSINESS REPORT (UBR)

0014196 AF

DOCUMENT # **A96000000756**

1. Entity Name

5642 ENTERPRISE, LTD.

Principal Place of Business

**6719 WINKLER RD., STE. 121
FORT MYERS FL 33919**

Mailing Address

**6719 WINKLER RD., STE. 121
FORT MYERS FL 33919**

FILED

01 MAR 23 AM 10:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5010 DOCKSIDE DR

3. Mailing Address
5010 DOCKSIDE DR

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.
#201

City & State
FT MYERS FL

City & State
FT MYERS FL

Zip
33919

Country
LEE

Zip
33919

Country
LEE

4. FEI Number
65-0696384

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUMSDEN, DENNIS J
6719 WINKLER RD., STE. 121
FORT MYERS FL 33919**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$158,400.00**

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

DOCUMENT # **P96000033741**
NAME **ENTERPRISE VENTURES, INC.**
STREET ADDRESS **6719 WINKLER RD., STE. 121**
CITY-ST-ZIP **FORT MYERS FL 33919**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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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 #

CR2E003 (11/00)