

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001570**

1. Entity Name

SANFORD COMMERCE CENTER, LTD.

Principal Place of Business

912 N. HIGHLAND AVENUE
ORLANDO FL 32803

Mailing Address

912 N. HIGHLAND AVENUE
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 APR - 1 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3397867

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

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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.

DATE

9. Capital Contributions **\$50.00** 10. Amount of Capital Contributions
as Shown on record. 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 # **P96000070127**
NAME **SANFORD COMMERCE CENTER, INC.**
STREET ADDRESS **1230 HILLCREST STREET, SUITE 102**
CITY-ST-ZIP **ORLANDO FL 32803**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600005195266-5
-04/05/02--01039-031
******141.25 ****141.25**

DOCUMENT #
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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:

M. W. Johnson

2/28/02 457-6044426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0008214 AT

CR2E003 (9/01)

STAPLE CHECK HERE