

2002 UNIFORM BUSINESS REPORT (UBR)

0007069
AT

DOCUMENT # **A97000000202**

1. Entity Name
SHOULTS, LTD.

FILED

02 APR 24 PM 2:50

LF

Principal Place of Business
**36468 EMERALD COAST PKWY., STE. 1201
DESTIN FL 32541**

Mailing Address
**36468 EMERALD COAST PKWY., STE. 1201
DESTIN FL 32541**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
925 BAMBI DRIVE

3. Mailing Address
925 BAMBI DRIVE

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
DESTIN, FL

4. FEI Number **59-3490881**

Applied For
Not Applicable

Zip **32541** Country **USA**

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

SHOULTS, RAY
**36468 EMERALD COAST PKWY., STE. 1201
DESTIN FL 32541**

Name **SHOULTS, RAY**

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

City **DESTIN** FL Zip Code **32541**

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 **4/21/02**

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

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

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 # **P97000005375**
NAME **THE SHOULTS COMPANY OF DESTIN, INC.**
STREET ADDRESS **36468 EMERALD COAST PKWY., STE. 1201**
CITY-ST-ZIP **DESTIN FL 32541**

STREET ADDRESS **925 BAMBI DRIVE**

CITY-ST-ZIP **DESTIN, FL 32541**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP **700005392887--8**
04/30/02-01059-002

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STREET ADDRESS

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

DATE **4/21/02** DAYTIME PHONE # **850-837-1399**

CR2E003 (9/01)