

2002 UNIFORM BUSINESS REPORT (UBR)

0013975 AT

DOCUMENT # **A97000000484**

1. Entity Name

BALTIC AVENUE LIMITED PARTNERSHIP

FILED

02 FEB 13 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**13014 N. DALE MABRY #102
TAMPA FL 33618**

Mailing Address

**13014 N. DALE MABRY #102
TAMPA FL 33618**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3431104

Applied For

Not Applicable

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

SUKOWSKY, MICHAEL

~~2001 BRINSON ROAD, #301~~

~~LUTZ FL 33540~~

Name

MICHAEL SUKOWSKY

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

13014 N. DALE MABRY / #102

City

TAMPA

FL

Zip Code

33618

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

M. Sukowsky

01/30/02

DATE

9. Capital Contributions

\$900.00

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 # **P97000017770**
NAME **ATLANTIC CITY, INC.**
STREET ADDRESS **13014 N. DALE MABRY #102**
CITY-ST-ZIP **TAMPA FL 33618**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

M. Sukowsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/30/02

DATE

(813) 294 9495

DAYTIME PHONE #

CR2E003 (9/01)