

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000563**

1. Entity Name
OBELISK LTD.

Principal Place of Business
**5075 S. ORANGE BLOSSOM TRIAL
ORLANDO FL 32809**

Mailing Address
**5075 S. ORANGE BLOSSOM TRIAL
ORLANDO FL 32839-2303**

FILED

00 MAR -8 PM 2:54

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3496812		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TAYLOR, PAULA 2114 HILLCREST STREET ORLANDO FL 32803				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. Capital Contributions as Shown on record. \$980.00		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 #	NAME	STREET ADDRESS	
	2304 CARIBBEAN COURT	CITY - ST - ZIP	
	ORLANDO FL 32805		
DOCUMENT #	NAME	STREET ADDRESS	
	URANICK, CAROL A	CITY - ST - ZIP	
	2304 CARIBBEAN COURT		
	ORLANDO FL 32805		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	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: *Carol A. Uranick* (CAROL A URANICK) 3-3-00 (407) 425-9539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)