

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000000983

1. Entity Name
LOULOURGAS PROPERTIES, LTD.



FILED

03 APR 18 PM 1:56

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**1700 SUNSHINE DR.
CLEARWATER FL 33765-1318**

Mailing Address
**1700 SUNSHINE DR.
CLEARWATER FL 33765-1318**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3475798**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

**LOULOURGAS, DEMETRE
1700 SUNSHINE DR.
CLEARWATER FL 33765-1318**

7. Name and Address of New Registered Agent

Name

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

**300016236823
04/18/03--01020--005 **526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$602,500.00**

10. Amount of Capital Contributions
in FLORIDA to date. **602,500**

11. **MAKE CHECK PAYABLE TO FL. 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 # **P97000039413**
NAME **LOULOURGAS PROPERTIES, INC.**
STREET ADDRESS **1700 SUNSHINE DR.**
CITY-ST-ZIP **CLEARWATER FL 33765-1318**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**627)
4/18/03 447-7377**

CR2E003 (10/02)

0014306 AT