

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014876 AT

DOCUMENT # A97000002153

1. Entity Name
PONDEROSA TRETINOIN PARTNERS, LTD.



FILED

2003 APR 21 PM 1:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
13100 PONDEROSA WAY
FORT MYERS FL 33907

Mailing Address
13100 PONDEROSA WAY
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0786275

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

7. Name and Address of New Registered Agent

SPEAR, KIM L M.D.
13100 PONDEROSA WAY
FORT MYERS FL 33907

Name

SPEAR, K. L.

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

SAME

City

SAME

FL

Zip Code
SAME

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 K. L. Spear (K. L. SPEAR)

4/07/02

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

DATE

9. Capital Contributions as Shown on record. \$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P93000049931
NAME SPEAR PHARMACEUTICALS, INC.
STREET ADDRESS 13100 PONDEROSA WAY
CITY-ST-ZIP FORT MYERS FL 33907

STREET ADDRESS

CITY-ST-ZIP

500016398275

DOCUMENT #
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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: K. L. Spear (K. L. SPEAR)

4/07/02 239-433-7546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)