

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002166**

1. Entity Name

S-B PROPERTIES NO. 21, LTD.

Principal Place of Business

% ROBERT E. SCHMIDT, JR., GP
330 E. KOLBOURNE AVE., SUITE 1454
MILWAUKEE WI 53202

Mailing Address

% ROBERT E. SCHMIDT, JR., GP
330 E. KOLBOURNE AVE., SUITE 1454
MILWAUKEE WI 53202

2. Principal Place of Business

% Boulder Venture

3. Mailing Address

% Boulder Venture

Suite, Apt. #, etc.

4340 W. Hillsborough#212 4340 W. Hillsborough #212

City & State

Tampa, FL 33614

City & State

Tampa, FL 33614

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

58-2347155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDOBA, STEPHEN M ESQUIRE
HILL, WARD & HENDERSON, P.A.
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1.00

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

DOCUMENT # **A32131**
NAME **SCHMIDT INVESTMENTS LIMITED PARTNERSHIP**
STREET ADDRESS **330 E. KILBOURNE AVE., SUITE 1454**
CITY-ST-ZIP **MILWAUKEE WI 53202**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4340 W. Hillsborough #212

CITY-ST-ZIP

Suite 212
Tampa, FL 33614

DOCUMENT #
NAME
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

02 APR -8 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0019865 AB

CR2E003 (9/01)

STAPLE CHECK HERE