

2001 UNIFORM BUSINESS REPORT (UBR)

0001353 AF

DOCUMENT # **A97000002216**

1. Entity Name
PS BUILDINGS, LTD.

FILED

Handwritten: 1/16/01
2442
\$535-

Principal Place of Business
**2255 CRESCENT DRIVE
MT. DORA FL 32757**

Mailing Address
**2255 CRESCENT DRIVE
MT. DORA FL 32757**

01 JAN 22 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2255 Crescent Dr.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MT DORA FL

City & State
FL

4. FEI Number
75-2728166

Applied For
 Not Applicable

Zip
32757

Country
USA

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

**RIDOLFO, PHILLIP T JR.
777 SOUTH FLAGLER DRIVE, SUITE 300-E
WEST PALM BEACH FL 33401**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$200,000.00**

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 # **B97000000547**
NAME **PLANO PARTNERSHIP, LTD.**
STREET ADDRESS **2255 CRESCENT DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757**

STREET ADDRESS
CITY-ST-ZIP **200003576482--5
-01/26/01--01052--010
***535.00 ***535.00**

DOCUMENT #
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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: *Plano Partnership Ltd. by James W. Swank, Managing Partner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **1/09/2001** **352-385-0114**
Date Daytime Phone #

CR2E003 (11/00)