

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006986
AT

DOCUMENT # **A97000002943**

1. Entity Name

ESCAMBIA TRADE CENTER, LTD.

02 APR 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6565 NORTH "W" STREET, SUITE 260
PENSACOLA FL 32505

Mailing Address

6565 NORTH "W" STREET, SUITE 260
PENSACOLA FL 32505



2. Principal Place of Business

120 E. MAIN ST.

3. Mailing Address

120 E. MAIN ST.

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

DUE BY MAY 1, 2002

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3520449

Applied For

Not Applicable

Zip

32501

Country

USA

Zip

32501

Country

USA

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

NASH, NEAL B

6565 NORTH "W" STREET, SUITE 260
PENSACOLA FL 32505

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.

\$1,000,000.00

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 # P97000108853
NAME ESCAMBIA CENTER MANAGEMENT GROUP, INC.
STREET ADDRESS 6565 NORTH "W" STREET, SUITE 260
CITY-ST-ZIP PENSACOLA FL 32505

STREET ADDRESS 120 E. MAIN ST., SUITE A
CITY-ST-ZIP PENSACOLA FL 32501

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS
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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

NEAL NASH 4-4-02 850-829-8640

Date Daytime Phone #

CP2E003 (9/01)