

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000811**

1. Entity Name

**LPS CAPITAL, LTD.**

Principal Place of Business

**1975 E. SUNRISE BLVD., SUITE 722  
FT. LAUDERDALE FL 33304**

Mailing Address

**P.O. BOX 4137  
FT. LAUDERDALE FL 33338**

**FILED**

**01 JUL -2 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1975 E. Sunrise Blvd, Suite 722**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0835532**

Applied For

Not Applicable

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

**PARKINSON, ANTHONY J III  
1115 SE 6TH STREET  
FORT LAUDERDALE FL 33301**

Name

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

**1115 SE 6th Street**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$119,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**119,000.00**

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 # **P98000029556**  
NAME **LPS CAPITAL, INC.**  
STREET ADDRESS **1975 E. SUNRISE BLVD., SUITE 725**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

STREET ADDRESS

**Suite 722**

CITY-ST-ZIP

**330004336073--8**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000004336073--8**

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**000004488560--6**

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NAME  
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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

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: **Anthony J. Parkinson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/01**  
Date

**954-524-2000**  
Daytime Phone #

0013810 AF

CR2E003 (11/00)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 11, 2001

LPS CAPITAL, LTD.  
P.O. BOX 4137  
FT. LAUDERDALE, FL 33338

SUBJECT: LPS CAPITAL, LTD.  
Ref. Number: A98000000811

We have received your document for LPS CAPITAL, LTD. and check(s) totaling \$526.25. However, your check(s) and document are being returned for the following:

Please sign and return your check along with this document in order to complete your filing.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 201A00035646