

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001098

1. Entity Name

SP41, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 21 PM 1:25

Principal Place of Business

593 JUAN ANASCO DRIVE  
LONGBOAT KEY FL 34228

Mailing Address

593 JUAN ANASCO DRIVE  
LONGBOAT KEY FL 34228-1422



2. Principal Place of Business

435 L' Ambiance Dr

3. Mailing Address

435 L' Ambiance Dr

Suite, Apt. #, etc.

H-502

Suite, Apt. #, etc.

H-502

City & State

Longboat Key FL

City & State

Longboat Key FL

Zip

34228

Country

Zip

34228

Country

4. FEI Number

65-0879981

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

WOLF, PETER

593 JUAN ANASCO DRIVE  
LONGBOAT KEY FL 34228

435 L' Ambiance Dr  
H-502

Longboat Key, FL 34228

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$990.00

10. Amount of Capital Contributions in FLORIDA to date

\$4000.990

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 # P98000033516  
NAME ANASCO, INC.  
STREET ADDRESS 593 JUAN ANASCO DRIVE  
CITY - ST - ZIP LONGBOAT KEY FL 34228

STREET ADDRESS 435 L' Ambiance Dr H-502  
CITY - ST - ZIP Longboat Key, FL 34228

DOCUMENT #  
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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 #

CR215703 (1/99)