

2001 UNIFORM BUSINESS REPORT (UBR)

0020223 SP

DOCUMENT # **A98000001852**

1. Entity Name
THE DENNIS AND PAMELA MORRIS FAMILY LIMITED PART

FILED
01 APR 30 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
13041 AUTOMOTIVE BOULEVARD **13041 AUTOMOTIVE BOULEVARD**
CLEARWATER FL 33762 **CLEARWATER FL 33762**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 65-0858503 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| MORRIS, DENNIS M 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 33762 | | | | 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. (NOT: Registered Agent signature required when reinstating) DATE _____

| | | | | |
|--|---------------------|---|-----------------|---|
| 9. Capital Contributions as Shown on record. | \$325,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | \$25,000 | 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 # | MORRIS, DENNIS M 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 33762 | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 700004219547--2 |
| DOCUMENT # | MORRIS, PAMELA B 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 33762 | STREET ADDRESS | -05/16/01--01040--019 |
| NAME | | CITY-ST-ZIP | ***526.25 ***526.25 |
| DOCUMENT # | | STREET ADDRESS | <i>h/k</i> |
| NAME | | CITY-ST-ZIP | <i>5/15</i> |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | 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 4-25-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)