

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 15 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0021125 SP

DOCUMENT # **A98000001852**

1. Entity Name

**THE DENNIS AND PAMELA MORRIS FAMILY LIMITED PART  
NERSHIP**

Principal Place of Business

**13041 AUTOMOTIVE BOULEVARD  
CLEARWATER FL 33762**

Mailing Address

**13041 AUTOMOTIVE BOULEVARD  
CLEARWATER FL 33762**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0858503**

Applied For

Not Applicable

Zip

Country

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

**MORRIS, DENNIS M  
13041 AUTOMOTIVE BOULEVARD  
CLEARWATER FL 33762**

Name

*MORRIS, Dennis M*

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

*2903 W Bayshore Ct*

City

*TAMPA*

FL

Zip Code

*33611*

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.

*4-12-02*

DATE

9. Capital Contributions  
as Shown on record.

**\$325,000.00**

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 #	MORRIS, DENNIS M 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 33762	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	MORRIS, PAMELA B 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 33762	STREET ADDRESS	200005294282--6
NAME		CITY-ST-ZIP	-04/19/02--01004--005
STREET ADDRESS			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			

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

*[Signature]*  
**MORRIS**

*4-12-02*

Date

Daytime Phone #

CR2E003 (9/01)