

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000477

1. Entity Name

SCUPPER ENTERPRISES LIMITED PARTNERSHIP

Principal Place of Business

409 24TH ST.
WEST PALM BEACH FL 33407

Mailing Address

409 24TH ST.
WEST PALM BEACH FL 33407

2. Principal Place of Business

2730 S. Ocean Blvd

Suite, Apt. #, etc.

3. Mailing Address

2730 S. Ocean Blvd

Suite, Apt. #, etc.

City & State

Palm Beach FL

Zip 33480

Country USA

City & State

Palm Beach FL

Zip 33480

Country USA

DUE BY MAY 1, 2002

4. FEI Number

65-0909728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOLKWEIN, FRED

409 24TH ST.

WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name Jeffrey M. Sis Kind

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

2730 South Ocean Blvd

City Palm Beach

FL

Zip Code 33480

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.

I Accept: Fred Volkwein
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

Jeffrey M. Sis Kind
Fred Volkwein

4-8-02
3/18/02
DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000.00

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

DOCUMENT # P99000021903
NAME LORMAN ASSOCIATES, INC.
STREET ADDRESS 409 24TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33407

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP

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: Fred Volkwein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/02 832 6577
Date Daytime Phone #

0011638 AT

CR2E003 (9/01)