2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000542

1. Entity Name

DVDP LIMITED PARTNERSHIP

Principal Place of Business
801 12TH AVENUE SOUTH. SUITE 300
NAPLES FL 34102

Mailing Address
801 12TH AVENUE SOUTH. SUITE 300
NAPLES FL 34102

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00002076 AB

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0905859 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEPASQUALE, VINCENT J
801 12TH AVENUE SOUTH, SUITE 300
NAPLES FL 34102

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $900.00

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 #		STREET ADDRESS	
NAME	DEPASQUALE, VINCENT J TRUSTEE		
STREET ADDRESS	801 12TH AVENUE SOUTH, SUITE 300	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES FL 34102		
DOCUMENT #		STREET ADDRESS	300007368733--4
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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 #

CR2E003 (4/02)