2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name MARKET MASTERS, LTD, Principal Place of Business \$95 No RTH (OURTENAY RK) Merrit TSLAW, FL 32953 2. Principal Place of Business Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address Suite, Apt. # etc. Suite, Apt. # etc. Walling Address DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Applied Fo Suite, Apt. # etc. Suite, Apt. # etc. Suite, Apt. # etc. Suite, Apt. # etc. Walling Address DO NOT WRITE IN THIS SPACE Applied Fo Suite, Apt. # etc. Suite, Apt. # et
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Sule, Apl. # etc. Principal Place of Business 7257 NW 448 BLUO #36 3, Mailing Address 4 Applied For Business 7257 NW 448 BLUO #36 3, Mailing Address 4 Applied For Business 7257 NW 448 BLUO #36 3, Mailing Address 4 Applied For Business Suite, Apl. # etc. City & State City & State City & State Country Co
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Signature 6. Name and Address of Current Registered Agent TRINITY, STEPHENAS System April Country System Address of New Registered Agent Name PHIL BURALY, TR. Street, Address, (P.O. Box Number) is Not Acceptable) System April Country System Ap
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San Nessource San Nessource San Nessource San New Registered S
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHIL BEVERLY PR Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) NERRITY ISLAND, FL. 32953 City GAINES VILLE FL FL Zip Code 32601 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 9. Capital Contributions as Shown on record. 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 filled to change a general partner.
TRINITY, STEPHENAS \$ 1
TRINITY, STEPHENAS Street Address (P.O. Box Number is Not Acceptable) Suite 500 City Guines viewer agent, or both, in the State of Florida. SIGNATURE Signific. hyped or printet name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 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 filled to change a general partner.
Street Address (P.O. Box Number is Not Acceptable) ### Address (P.O. Box Number is No
SUTE 500 NEARITY ISLAND, FL. 32953 City GAINESUILE, FL FL Zip Code 32601 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. 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 filled to change a general partner.
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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. Signature. Signature. Signature name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE 9. Capital Contributions as Shown on record. Signature. Signature. Signature required when reinstating. The state in FLORIDA to date. 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 filled to change a general partner.
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12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY
DOCUMENT! NAME TO RULLOUGE GROUPS THE STREET ADDRESS 7257 NW 449 BLVO \$36
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CITY-ST-ZIP 595 NORTH COURTEN BY AVY CITY-ST-ZIP GAINES VILLE, PL. 32607
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14. Phereby 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 informatic 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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
the receiver or trustee empowered to execute this report as required by Chapter 526, Florida Statutes