

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000002186

1. Entity Name
PARTNERSHIP 1902, LTD.

FILED
00 AUG 28 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
23A 9th St. South
St. Petersburg, FL 33705

2. Principal Place of Business **3. Mailing Address**
23A 9th St. South 23A 9th St. South
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
St. Petersburg, FL St. Petersburg, FL
Zip **Country** **Zip** **Country**
33705 USA 33705 USA

4. FEI Number **Applied For** ☒ **Applied For** ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDREW R. WEBBER
23A 9th St. South
St. Petersburg, FL 33705

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.
SIGNATURE *Andrew R. Webber* **5/1/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions **10. Amount of Capital Contributions** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
as Shown on record: 8-28-15,500 in FLORIDA to date: 15,500 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 #	NAME	STREET ADDRESS	
NAME	23A 9th St. South	CITY-ST-ZIP	700003378152-0019
STREET ADDRESS	St. Petersburg, FL 33705		****249.75 ****197.25
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	FF \$197.25
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Andrew R. Webber* **5/1/00** **727-502-9853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/99)