

# 2001 UNIFORM BUSINESS REPORT (UBR)

192

**DOCUMENT #** A99-2186

**1. Entity Name**  
Partnership 1902, LTD.

**FILED**

01 JUL 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** 1902 Republica de Cuba Ave.  
Tampa, FL

**Mailing Address** 5001 49th St. North  
St. Petersburg, FL  
33709

**2. Principal Place of Business** 1902 Republica de Cuba Ave.  
Suite, Apt. #, etc.

**3. Mailing Address** 5001 49th St. North  
Suite, Apt. #, etc.

**City & State** Tampa, FL

**City & State** St. Petersburg, FL 33709

**Zip** 33639 **Country** USA

**Zip** 33709 **Country** USA

**4. FEI Number** ☒ Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Andrew R. WEBBER  
5001 49th St. North  
St. Petersburg, FL 33709

**7. Name and Address of New Registered Agent**

**Name** Andrew R. WEBBER (same)

**Street Address (P.O. Box Number is Not Acceptable)** 5001 49th St. N (new)

**City** St. Petersburg, FL 33709 **Zip Code** 33709

**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] **DATE** 7/16/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** \$15,500

**10. Amount of Capital Contributions in FLORIDA to date.** \$15,500

**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**

|                   |                                 |                            |                                 |
|-------------------|---------------------------------|----------------------------|---------------------------------|
| <b>DOCUMENT #</b> | <b>NAME</b>                     | <b>STREET ADDRESS</b>      | <b>CITY-ST-ZIP</b>              |
|                   | <u>Care House Keeping, Inc.</u> | <u>5001 49th St. North</u> | <u>St. Petersburg, FL 33709</u> |
| <b>DOCUMENT #</b> | <b>NAME</b>                     | <b>STREET ADDRESS</b>      | <b>CITY-ST-ZIP</b>              |
|                   |                                 |                            |                                 |
| <b>DOCUMENT #</b> | <b>NAME</b>                     | <b>STREET ADDRESS</b>      | <b>CITY-ST-ZIP</b>              |
|                   |                                 |                            |                                 |
| <b>DOCUMENT #</b> | <b>NAME</b>                     | <b>STREET ADDRESS</b>      | <b>CITY-ST-ZIP</b>              |
|                   |                                 |                            |                                 |
| <b>DOCUMENT #</b> | <b>NAME</b>                     | <b>STREET ADDRESS</b>      | <b>CITY-ST-ZIP</b>              |
|                   |                                 |                            |                                 |
| <b>DOCUMENT #</b> | <b>NAME</b>                     | <b>STREET ADDRESS</b>      | <b>CITY-ST-ZIP</b>              |
|                   |                                 |                            |                                 |

**13. ADDRESS CHANGES ONLY**

|                       |                                 |
|-----------------------|---------------------------------|
| <b>STREET ADDRESS</b> | <u>5001 49th St. North</u>      |
| <b>CITY-ST-ZIP</b>    | <u>St. Petersburg, FL 33709</u> |
| <b>STREET ADDRESS</b> | <u>000004509830--8</u>          |
| <b>CITY-ST-ZIP</b>    | <u>-07/31/01--01068--003</u>    |
|                       | <u>****197.25 ****197.25</u>    |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |
| <b>STREET ADDRESS</b> |                                 |
| <b>CITY-ST-ZIP</b>    |                                 |

**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] **DATE** 7/16/01 **Daytime Phone #** 727-895-7428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)