

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # <u>A99-2186</u>			
1. Entity Name <u>Partnership 1902, LTD.</u>			
Principal Place of Business <u>1902 Republica de Cuba Ave. Tampa, FL</u>		Mailing Address <u>5001 49th St. North St. Petersburg, FL 33709</u>	
2. Principal Place of Business <u>1902 Republica de Cuba Ave.</u>		3. Mailing Address <u>5001 49th St. North</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tampa, FL</u>		City & State <u>St. Petersburg, FL 33709</u>	
Zip <u>33639</u>	Country <u>USA</u>	Zip <u>33709</u>	Country <u>USA</u>

FILED

01 JUL 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>Andrew R. WEBBER 5001 49th St. North St. Petersburg, FL 33709</u>			7. Name and Address of New Registered Agent Name <u>Andrew R. WEBBER (same)</u> Street Address (P.O. Box Number is Not Acceptable) <u>5001 49th St. N (new)</u> City <u>St. Petersburg, FL 33709</u> Zip Code <u>33709</u>		
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 <u>A R Webber</u>		Signature, typed or printed name of registered agent and title if applicable.		DATE <u>7/16/01</u>	
9. Capital Contributions as Shown on record. <u>\$ 15,500</u>		10. Amount of Capital Contributions in FLORIDA to date. <u>15,500</u>		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 #	<u>Care House Keeping, Inc. 5001 49th St. North St. Petersburg, FL 33709</u>	STREET ADDRESS	<u>5001 49th St. North</u>
NAME		CITY-ST-ZIP	<u>St. Petersburg, FL 33709</u>
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<u>000004509830--8</u>
NAME		CITY-ST-ZIP	<u>-07/31/01--01068--003</u>
STREET ADDRESS			<u>****197.25 ****197.25</u>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: A R Webber 7/16/01 727-895-7428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (11/00)