

2000 UNIFORM BUSINESS REPORT (UBR)

0019223 AB

DOCUMENT # B95000000073

1. Entity Name

QUEENSBERRY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

120 N WALSTON BDG RD
JASPER AL 35504

Mailing Address

101 WALSTON BRIDGE ROAD
JASPER AL 35504-8625



2. Principal Place of Business

3. Mailing Address

120 N WALSTON BRIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JASPER, ALABAMA

4. FEI Number

63-1131347

Applied For

Not Applicable

Zip

Country

Zip

Country

35504

US

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, CLIFFORD C

111 WEST BEACH DRIVE

PANAMA CITY BEACH FL 32401

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

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.

\$570,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

181,044.00

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 #
NAME MYERS, CLIFFORD C
STREET ADDRESS 111 WEST BEACH DRIVE
CITY - ST - ZIP PANAMA CITY FL 32401

STREET ADDRESS

CITY - ST - ZIP

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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:

Clifford C Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/00
Date

(850) 769-8986
Daytime Phone #

CR2E003 (9/93)