

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000154**

1. Entity Name

**LAMPE ENTERPRISES 1995 LIMITED PARTNERSHIP**

SAN  
526.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 21 PM 1:29



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	Mailing Address <b>235 EAST MARKET STREET SMITHFIELD NC 27577-3917</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>56-1482867</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.	<b>\$240,000.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.	
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**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 #	<b>F98000001437</b>
NAME	<b>GUY C. LEE MFG. COMPANY</b>
STREET ADDRESS	<b>235 EAST MARKET STREET</b>
CITY - ST - ZIP	<b>SMITHFIELD NC 27577</b>

STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #	
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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:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/26/00**  
Date Daytime Phone #

002014 5 1