

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000230

1. Entity Name

BLUE CORAL-SLICK 50, LTD.

FILED

01 JUL -9 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

700 Milam  
Houston, TX 77002-2806

Mailing Address

P. O. Box 2967  
Houston, TX 77252-2967

2. Principal Place of Business

700 Milam

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2967

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Houston, TX 77002-2806

City & State  
Houston, TX 77252-2967

4. FEI Number  
31-153519

Applied For  
Not Applicable

Zip Country

Zip Country

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

C T Corproation System  
1200 South Pine Island Road  
Plantation FL 33324

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.

0

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # F000000003387  
NAME Blue Coral, Inc.  
STREET ADDRESS 700 Milam  
CITY-ST-ZIP Houston, TX 77002-2806

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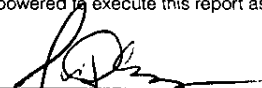
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS  
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:



Susan Diane Koontz,

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)