

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000604**

1. Entity Name

COLONIAL MART LIMITED PARTNERSHIP
P.O. BOX 1260
RIDGELAND, MS 39158

Principal Place of Business

Mailing Address

750 AVIGNON DRIVE
RD 18
RIDGELAND, MS 39157

P.O. BOX 1260
RIDGELAND, MS 39158

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 28 PM 1:29

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

750 AVIGNON DR.

P.O. BOX 1260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG. 18

City & State

City & State

RIDGELAND, MS

RIDGELAND, MS

Zip

Country

Zip

Country

39157

USA

39158

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

64-0820785

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

\$192,500

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 # **B98000000604**
 NAME **WATAGA**
 STREET ADDRESS **P.O. BOX 1260**
 CITY-ST-ZIP **RIDGELAND, MS 39158**

STREET ADDRESS
 CITY-ST-ZIP **100003306741--3**
FF \$526.25
06/27/00--01073--012
******576.25 ****526.25**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)