

2002 UNIFORM BUSINESS REPORT (UBR)

0017515 AT

DOCUMENT # **B98000000699**

FILED

1. Entity Name

LPS DESIGN ASSOCIATES LEWIS COLTEN ARCHITECT, LP

02 FEB -4 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**19 BROADWAY
STONEHAM MA 02180**

Mailing Address
**19 BROADWAY
STONEHAM MA 02180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **04-3184426**

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

**DONALDSON, BARRY L
DONALDSON GROUP ARCHITECT
1450 SOUTH DIXIE HIGHWAY, SUITE 102
BOCA RATON FL 33432**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,500.00**

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 #
NAME **COLTEN, LEWIS**
STREET ADDRESS **99 BALDWIN AVE.**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

STREET ADDRESS
CITY-ST-ZIP
600004911076--4
-02/12/02--01033--009
******141.25****141.25**

DOCUMENT #
NAME **PORCARO, LOUIS**
STREET ADDRESS **19 BROADWAY**
CITY-ST-ZIP **STONEHAM MA 02180**

DOCUMENT #
NAME
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)(l), 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

1/22/02 781-279-2014
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE