

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005811 AT

DOCUMENT # A02000000987



1. Entity Name
P.S. FABRICS DESIGN CENTER & UPHOLSTERY, LTD

FILED

03 APR -8 PM 2:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**830-13 A1A N.
PONTE VEDRA BEACH FL 32082**

Mailing Address
**830-13 A1A N.
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number
01-0738383

Applied For
 Not Applicable

City & State

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

~~COATES, IONA K
1794 ROGERO ROAD
JACKSONVILLE FL 32277~~

Name
Sunny A. Barnard

Street Address (P.O. Box Number is Not Acceptable)
1206 Ponte Vedra Blvd

City
Ponte Vedra Beach FL Zip Code
32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	CITY-ST-ZIP
	BARNARD, SUNNY A	1206 PONTE VEDRA BLVD.	PONTE VEDRA BEACH FL 32082
	WAGNER, PAMELA S Davidson	830-13 A1A N.	PONTE VEDRA BEACH FL 32082

STREET ADDRESS	CITY-ST-ZIP
	900015474559 04/08/03--01067--002 **141.25

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: **Pamela S. Davidson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-28-02 (904) 249-4799
Date Daytime Phone #

CR2E003 (10/02)