

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A23514**

1. Entity Name

P.A.D., LTD.

FILED

00 JAN 12 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business **Mailing Address**

480 E. PARKINS MILL ROAD **P.O. BOX 8814**

GREENVILLE SC 29607 **GREENVILLE SC 29604-8814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2721655**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For Not Applicable

6. Name and Address of Current Registered Agent

FRANK, ALBERT

3102 SCHILLER ST.

TAMPA FL 33629

7. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,500,000.00**

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 #	215410	STREET ADDRESS	STREET ADDRESS	
NAME	P.A.D., INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	480 E. PARKINS MILL ROAD			
CITY - ST - ZIP	GREENVILLE SC 29607			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS				
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CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **1/7/00** **864297-9408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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