## LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

B02000000402

1. Entity Name

J.W. GRAY ELECTRIAL CONTRACTORS LIMITE



## FILE

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DO NOT WRITE	in itis si	PAU		TALEAHASSEE,	FLORIDA		
2. Principal Place of Business 3. Mailing Address			DO NOT WRITE IN THIS SPACE		ACE		
Suite, Apt. #, etc. Suite, Apt. #, e		RPHY ROAD					
SUITE T-1	SUITE J-1				BY MAY 1	Applied For	
STAFFORA, TEXAS	STAFFORA, TEXAS		4. 52-2097983		Not Applicable		
77477 FORT BEND	77477				5. Certificate of Status Desired See Required Fee Required		
			Nome	7. Name and Address of Current	Registered A	gent	
DO_NOT_WRITE			Street Address P.O. Box Number, is Not Acceptable)  Street Address P.O. Box Number, is Not Acceptable)  ROAD				
IN THIS SP	UTH PINE 13LAN	IV KOHI					
			City P. a. F	FATIA. 1	Fi	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. 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. 7,500.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						经收入的现在分词形式 医现在 电流中间 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	
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					w A E St A sour		
DOCUMENT! Wroten bery, Not NAME 12999 Murphy Rd., Ste 5-1		STREE	r address	androne in the second of the s			
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14. Thereby certify that the information supplied with	this filing does not qualify for	the even	intion stated in Sec	stion 119.07/3\(i) Florida Statutos	I further cortifu	that the information	

14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAT WRO

(281) 561-6989

Daytime Phone #

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STAPLE CHECK HERE