

2002 UNIFORM BUSINESS REPORT (UBR)

0001739 AB

DOCUMENT # **A99000000656**

1. Entity Name

1505 FIRST STREET, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 29 AM 10:36

7/30

Principal Place of Business

424 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

424 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250



2. Principal Place of Business

76 South LAURA ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

SAME

City & State

JACKSONVILLE, FL

City & State

SAME

Zip

32202

Country

U.S.

Zip

SAME

Country

SAME

DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3601788

Applied For

Not Applicable

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

HOWE, ANDREW M

% SIGNET DEVELOPMENT, LTD.

424 SOUTH THIRD STREET

JACKSONVILLE BEACH FL 32250

Name

Kenneth J. KRISMANTH

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

76 South LAURA STREET

Suite 1700

City

JACKSONVILLE

FL

Zip Code

32202

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.

Kenneth J. KRISMANTH

7/22/02

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # P99000036586
NAME SIGNET AFFILIATE, INC.
STREET ADDRESS 424 SOUTH THIRD STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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
KENNETH J. KRISMANTH

Date

7/22/02

Daytime Phone #

(904) 250-1314

CR2E003 (4/02)