

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000365

1. Entity Name
HEARTHSTONE PARTNERS, LTD.



FILED

03 MAR 24 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5401 WEST KENNEDY BLVD.
SUITE 751
TAMPA FL 33623

Mailing Address
P.O. BOX 23887
TAMPA FL 33623

2. Principal Place of Business
2325 ULMERTON RD

3. Mailing Address
2325 ULMERTON RD

Suite, Apt. #, etc.
SUITE 20

Suite, Apt. #, etc.
SUITE 20

City & State
CLEARWATER, FLA

City & State
CLEARWATER, FLA

Zip Country
33762 USA

Zip Country
33762 USA

4. FEI Number 59-3712871

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILES, JOEL B
200 CENTRAL AVE., SUITE 2300
ST. PETERSBURG FL 33731-2881

7. Name and Address of New Registered Agent

Name GREGORY D. MORRIS
Street Address (P.O. Box Number is Not Acceptable)
2325 ULMERTON RD
STE 20
City CLEARWATER FL Zip Code 33762

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

2/25/03
DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000.00

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

DOCUMENT # P00000019997
NAME HEARTHSTONE PARTNERS, INC.
STREET ADDRESS 5401 WEST KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33623

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
600014552566
03/24/03--01058--010 **141.25

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/03

Date

727-576-6424

Daytime Phone #

0013635 AT

CR2E003 (10/02)