

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012625 AT

DOCUMENT # A00000000554

1. Entity Name
SMIGIEL PARTNERS XII, LTD.



FILED
03 APR 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
7965 LANTANA ROAD
LAKE WORTH FL 33467

Mailing Address
P.O. BOX 540623
LAKE WORTH FL 33454



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0991469**

Applied For

Not Applicable

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

SMIGIEL, GARY
7965 LANTANA ROAD
LAKE WORTH FL 33467

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. 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. **\$3,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **3,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L93000000238**
NAME **GARY SMIGIEL, L.C.**
STREET ADDRESS **7965 LANTANA ROAD**
CITY-ST-ZIP **LAKE WORTH FL 33467**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-03 **161-968362**
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE