

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013023
AT

DOCUMENT # A00000000709

1. Entity Name

JOSEPH PANIELLO NO. ALL, LTD.

02 APR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O PAUL J. FERLITA, C.P.A.
2014-A EAST SEVENTH AVENUE
TAMPA FL 33605

Mailing Address

C/O PAUL J. FERLITA, C.P.A.
2014-A EAST SEVENTH AVENUE
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

9-3641708 APPLIED FOR

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

PANIELLO, JOSEPH M
C/O PAUL J. FERLITA, C.P.A.
2014-A EAST SEVENTH AVENUE
TAMPA FL 33605

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

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

DATE

9. Capital Contributions
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

NONE

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 #	PANIELLO, JOSEPH M	STREET ADDRESS	
NAME	2014-A EAST SEVENTH AVENUE	CITY-ST-ZIP	500005307325--5
STREET ADDRESS	TAMPA FL 33605		
CITY-ST-ZIP			
DOCUMENT #	HICKS, PERLE P	STREET ADDRESS	-04/19/02--01028--012
NAME	1610 CULBREATH ISLES DRIVE	CITY-ST-ZIP	****141.25 ****141.25
STREET ADDRESS	TAMPA FL 33605		
CITY-ST-ZIP			
DOCUMENT #	DYKEMAN, ANNE P	STREET ADDRESS	
NAME	52 HUNTLEIGH WOODS	CITY-ST-ZIP	
STREET ADDRESS	ST. LOUIS MO 63131		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)