2002 UN DOCUMENT	r.# ÷Δ∩ίἡ∩r	00000830				
1. Entity Name	A0000	30000000			FILED	
PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP					02 AUG 19 AH 10: 43	
Principal Place of Busine	ess	Mailing Address			OFFICE OF STATE	
8410 S.E. 7TH AVENUE ROAD OCALA FL 34480		8410 S.E. 7TH AVENUE ROAD OCALA FL 34480			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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2. Principal Place of Bus	siness	3. Mailing Address	<u>, , , , , , , , , , , , , , , , , , , </u>	-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY SEPTEMBER 25, 2002	
City & State		City & State			4. FEI Number APPLIED FOR	ed For
Zip	Country	Zip	Cour	otov	I Not A	oplicable
•					5. Certificate of Status Desired S8.75 Addition Fee Required	nai
6. Nan	ne and Address of Currer	nt Registered Agent	~,	Name	7. Name and Address of New Registered Agent	
DAVID JR, PAUL 8410 S.E. 7TH AVE	UI IE DOAD			Street Addres	ss (P.O. Box Number is Not Acceptable)	
OCALA FL 34480	TOL HOAD					
8. The above named ent the obligations of regi	ity submits this statement stered agent.	for the purpose of chang	ging its register	City ed office or regis	FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and	accept
the obligations of regi SIGNATURE Signature, type 9. Capital Contributions as Shown on record.	stered agent. d or printed name of registered agents \$2,000,000.00	nt and title if applicable. 10. Amount of in FLORID	f Capital Contri 0A to date.	ed office or regis	DATE 11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE INFORMA	
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SIGNATURE:

8/16/02

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Name of applicant (legal name) (see instructions) Pattl DAVID, JR. FAMTLY LIMITED PARTNERSHIP		(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)					
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Trade name of outeness of different from name on line i) 1 1 1 1 1 1 1 1 1				Ė			
As Mailing address (street address) (room, apt., or suite no.) 84 10 SE 7TH AVENUE ROAD 84 City, state, and ZIP code OCALA FLORIDA 34480 6 Country and state where principal business is located MARLON COUNTY, STATE OF FLORIDA 7 Name of principal officer, operal pastner, granter, owner, or trustor—SSN or ITM may be required (see instructions) FRANCES B, DAVID, SS, 9267—96-9551 Type of entity (Check only one box) (see instructions for time 8a. Sole proprietor (SSN) Estate (SSN of decedent) September of entity (Check only one box) (see instructions for time 8a. Sole proprietor (SSN) REMACE Selection (SSN) REMACE REMACE Selection (SSN) Selection (SSN) Remarks (SSN) Selection (SSN) Remarks (SSN) Remarks (SSN) Remarks (SSN) Restrictions (SSN) Restr		PAUL DAVID, JR. FAMILY LIMITED PARTNER	RSHIP - FIL		· .		
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Ab City, state, and ZIP code			02 AUG 19	AM 10: 43			
Ab City, state, and ZIP code	1						
OCALA FLORIDA 34480 6 Courty and state where principal business is located MARION COUNTY, STATE OF FLORIDA 7 Nerse of principal officer, ceptured patrines, granter, covers, or trisutor—SSN or ITIN may be required (see instructions) ▶ 7 Nerse of principal officer, ceptured patrines, granter, covers, or trisutor—SSN or ITIN may be required (see instructions) ▶ 7 Nerse of principal officer, ceptured patrines, granter, covers, or trisutor—SSN or ITIN may be required (see instructions) ▶ 7 Nerse of proficer (rSSN) 8 Sole proprietor (SSN) 8 Personal service corp. Pan administrator (SSN) 8 Personal service corp. Pan administrator (SSN) 9 REMICE. Patrineship Personal service corp. Pan administrator (SSN) 9 Other (norportion organization (specify) ▶ 9 Other (norportion organization (specify) ▶ 9 Other (norportion, name the state or foreign country) State (if applicable) where incorporated organization (specify) ▶ 9 Other (norportion, name the state or foreign country) State (if applicable) where incorporates (specify) personal patrineship (check ority one box) (see instructions) Banking purpose (specify) purpose) ▶ 8 Stated new business (specify (type) ▶ 1 Hidded employees (Check the box and see line 12.) Created a trust (specify type) P 1 Hidded appendix or acquired (month, day, year) (created a trust (specify type) P 1 Hidded application or acquired (month, day, year) (see instructions) Till Closing month of accounting year (see instructions) 1 Poste begand to nonresicient alien. (manch, day, year) (see instructions) Till Closing month of accounting year (see instructions) 1 Poste begand to nonresicient alien. (manch, day, year) (see instructions) Till Closing month of accounting year (see instructions) 1 Poste begand to nonresicient alien. (manch, day, year) (see instructions) 1 Poste begand to nonresicient alien. (manch, day, year) (see instructions) 1 Poste begand to nonresicient alien. (manch, day, year) (see instructions) 1 Poste begand to nonresicient alien. (manch, day, year) (see instru	ι_						
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MARION COUNTY, STATE OF FLORIDA 7 Nanes of principal offices, general patture, grantor, owner, or mustor—SSN or ITIN may be required (see instructions) ▶	-		<u> </u>		1.7		
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State/local government			Plan administrator (SSN)	1			
Church or church-controlled organization							
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XS Started new business (specify type) ► INVESTMENT ☐ Changed type of organization (specify new type) ► ☐ Created a pension plan (specify type) ► ☐ Other (specify) ► ☐ Other (spec		(if applicable) where incorporated					
Purchased going business		Reason for applying (Check only one box.) (see instructions)	Banking purpose (specify purpose) ►		<u>-</u>		
Hirred employees (Check the box and see line 12.)		XX Started new business (specify type) - INVESTMENT	Changed type of organization (specify new	/ type) ▶	- 01		
Created a pension plan (specify type) ▶ ☐ Other (specify) ▶ Date business started or acquired (month, day, year) (see instructions) 11 Closing month of accounting year (see instructions) DECEMBER First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident allen. (month, day, year). ▶ Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period. enter -0- (see instructions) ▶ Nonagricultural Agricultural Household expect to have any employees during the period. enter -0- (see instructions) ▶ 0 0 0 Principal activity (see instructions) ▶ INVESTING Is the principal product and raw material used ▶ To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ a Has the applicant ever applied for an employer identification number for this or any other business? . ☐ Yes X No Note: If Yes, "please complete lines 17b and 17c. b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ▶ Previous EIN Prev			5 5		;		
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