

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012590 AF


**DOCUMENT # A00000000938**

1. Entity Name  
**SUPERIOR FABRIC CARE #12, LTD.**

**FILED**

01 MAR -5 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **14180 BEACH BLVD., #11 JACKSONVILLE FL 32250-1544**

Mailing Address: **10000 GATE PARKWAY N. #225 JACKSONVILLE FL 32246**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHEELER, JOSEPH**  
**10000 GATE PARKWAY N, #225**  
**JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$120,000.00**

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	
DOCUMENT #	<b>F99000002882</b>
NAME	<b>SUPERIOR FABRIC CARE II, INC.</b>
STREET ADDRESS	<b>417 PECAN POINT DRIVE</b>
CITY-ST-ZIP	<b>KERENS TX 75144</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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**-03/09/01--11007--015**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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: *Joseph Wheeler* **PRESIDENT SUPERIOR FABRIC CARE #II INC. 1-31-00**

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E003 (11/00)