

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A 00000000 438**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 AM 9:55

44  
5/20

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1975-5 WELLS RD**

3. Mailing Address  
**1975-5 WELLS RD**

**DUE BY MAY 1**

City & State  
**ORANGE PARK, FL**

City & State  
**ORANGE PARK, FL**

4. FEI Number  
**59-3656983**

Zip  
**32073**

Country  
**USA**

Zip  
**32073**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **JOE WHEELER**  
Street Address (P.O. Box Number is Not Acceptable)  
**10901 BURT MILK RD #1004**  
City **JACKSONVILLE FL** Zip Code **32256**

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 **Robert L. Griffin** **ROBERT L. GRIFFIN** **4/28/02**  
Signature, typed or printed name of registered agent, and title if applicable. DATE

9. Capital Contributions as Shown on record. **120,000**

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>B99000002882</b>	STREET ADDRESS
NAME	<b>SUPERIOR FABRIC CARE II, LLC.</b>	<b>200005577752--6</b>
STREET ADDRESS	<b>1975-5 WELLS RD</b>	<b>05/21/02-01071-030</b>
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	<b>***526.25 ***526.25</b>
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STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Robert L. Griffin** **ROBERT L. GRIFFIN** **4/28/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**972 523 8622**