

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021361 FP

DOCUMENT # A00000001235

1. Entity Name
SPK CAPITAL, LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 15 PM 12:21

12/1/16

Principal Place of Business
920 THIRD AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address
920 THIRD AVENUE
NEW SMYRNA BEACH FL 32169



2. Principal Place of Business
920 THIRD AVENUE
Suite, Apt. #, etc.

3. Mailing Address
920 THIRD AVENUE
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3670895

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date. 600,112

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 # L00000009480
NAME SPK CAPITAL MANAGEMENT, L.L.C.
STREET ADDRESS 920 THIRD AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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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: THIRD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-2-03
Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE