

2001-2002 **LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **00000000 1591**

1. Entity Name

**Superior Fabric Care #14 LTD**

FILED

02 MAY -2 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1975-5 Wells Rd**

3. Mailing Address

**1975-5 Wells Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

**Orange Park FL**

City & State

**Orange Park, FL**

4. FEI Number

**59-3676287**

Applied For

Not Applicable

Zip

Country

**32073 USA**

Zip

Country

**32073 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Joe Wheeler**

Street Address (P.O. Box Number is Not Acceptable)

**10901 Burnt Mill Rd**

**# 1004**

City

**Jacksonville**

**FL**

Zip Code

**32256**

**DO NOT WRITE  
IN THIS SPACE**

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 or trustee if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**120,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**75,000**

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>P9900000 2882</b>	STREET ADDRESS	<b>600005555436--8</b>
NAME	<b>Superior Fabric Care II, Inc</b>	CITY-ST-ZIP	<b>05/16/02--01068--008</b>
STREET ADDRESS	<b>1975-5 Wells Rd</b>		<b>***526.25 ***526.25</b>
CITY-ST-ZIP	<b>Orange Park, FL 32073</b>		
DOCUMENT #		STREET ADDRESS	<b>600005555436--8</b>
NAME		CITY-ST-ZIP	<b>05/16/02--01068--009</b>
STREET ADDRESS			<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)(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:

**Robert L. Griffin ROBERT L. GRIFFIN**

**4/28/02**

**972-523-8622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



2062

**SUPERIOR FABRIC CARE**

417 PECAN POINT DRIVE

KERENS, TX 75144

Tel: 903 396-2845

Fax 903 396-2140

April 4, 2002

Division of Corporations

Registration Section

P.O. Box 6237

Tallahassee, FL. 32314

Subject: Activation of Superior Fabric Care #14, Ltd.

Dear Sir:

In the year 2001, we returned the UBR for Superior Fabric Care #14, Ltd. without signing the form and you classified Superior Fabric Care#14, Ltd. as inactive.

We did not receive notification of this oversight; therefore, we were not aware of the fact that the partnership was classified inactive until we were filing the UBR for the current year.

After our discussions with your office, we are enclosing the new UBR and a check for the filing fee for both the current and previous year as instructed by your office.

Sincerely,



Robert L. Griffin  
President