

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 000000001593

1. Entity Name

Superior Fabric Care #15, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 AM 9:45

W5/20

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1975-5 Wells Rd

3. Mailing Address

1975-5 Wells Rd

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Orange Park FL

City & State

Orange Park FL

4. FEI Number

59-3676286

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

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 Mills 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
Signature, typed or printed name of registered agent and title (applicable)

ROBERT L. GRIFFIN

4/28/02
DATE

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 # F99000002882
NAME Superior Fabric Care II, Inc
STREET ADDRESS 1975-5 Wells Rd
CITY-ST-ZIP Orange Park, FL 32073

STREET ADDRESS

CITY-ST-ZIP

600005577746--4

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

05/21/02-01071-028
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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:

Robert L. Griffin ROBERT L. GRIFFIN 972-523-8622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #