

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009403 AT

DOCUMENT # A00000001720

1. Entity Name
R.W. SVETLIK FAMILY LIMITED PARTNERSHIP



FILED

03 APR 15 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
511 N. THIRD STREET
PALATKA FL 32177

Mailing Address
P.O. BOX 185
KEY WEST FL 33041

2. Principal Place of Business

3. Mailing Address

P.O. Box 185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
PALATKA, FL.

4. FEI Number 65-1125878

Applied For
Not Applicable

Zip

Country

Zip
32178

Country

U.S.A.

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

SVETLIK, ROBERT WAYNE
822 TERRY LANE
KEY WEST FL 33040

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. 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.

\$505,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$200,000.5

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 #
NAME SVETLIK, ROBERT WAYNE
STREET ADDRESS 822 TERRY LANE
CITY-ST-ZIP KEY WEST FL 33040

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 W. Svetlik
Robert W. Svetlik, G.P.

4.7.03 386.328.3406

CR2E003 (10/02)