

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002038

1. Entity Name
JES PARTNERS LTD.

Principal Place of Business
3241 SEVILLE DRIVE
PENSACOLA FL 32503

Mailing Address
3241 SEVILLE DRIVE
PENSACOLA FL 32503

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

Country

4. FEI Number 59-3688491 Applied For
Not Applicable

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

DUE BY SEPTEMBER 26, 2001

6. Name and Address of Current Registered Agent
HUSTON, GARY W
125 WEST ROMANA STREET, SUITE 800
PENSACOLA FL 32501

7. Name and Address of New Registered Agent
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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount in FL

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS
NOTE: General Partners MAY NOT be changed

AND ACTIVE WITH THIS OFFICE.
be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000117437
NAME JES OF PENSACOLA, INC.
STREET ADDRESS 3241 SEVILLE DRIVE
CITY-ST-ZIP PENSACOLA FL 32503

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-25-01



0003221 AB

CR2E003 (5/01)

STAPLE CHECK HERE