

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002056

1. Entity Name

QUENTIN A. PEARSON AND JEAN H. PEARSON FAMILY PARTNERSHIP, LIMITED

Principal Place of Business

766 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176

Mailing Address

766 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 369 2530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSON, QUENTIN A  
766 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176

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

DATE

9. Capital Contributions  
as Shown on record.

\$700,000.00

10. Amount of Capital Contributions  
in FLORIDA to date

0000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PEARSON, QUENTIN A  
766 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176

STREET ADDRESS

CITY-ST-ZIP

300005678403-3

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PEARSON, JEAN H  
766 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176

STREET ADDRESS

CITY-ST-ZIP

06704702-01089-005

\*\*\*526.25 \*\*\*526.25

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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:

QUENTIN A. PEARSON

04.15.02

386.673.5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)