

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000540

1. Entity Name  
DUEREN & DAVIS, LTD.



FILED  
03 MAR -4 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1311 S. VINELAND RD  
WINTER GARDEN FL 34787

Mailing Address  
1311 S. VINELAND RD  
WINTER GARDEN FL 34787



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3630145

Applied For

Not Applicable

Zip Country

Zip Country

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

BOYETTE, WADE  
1380 GRAND HWY, STE 200  
CLERMONT FL 34711

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. \$200.00

10. Amount of Capital Contributions in FLORIDA to date.

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  
STREET ADDRESS  
CITY-ST-ZIP

DAVIS, ROBERT A  
1311 VINELAND RD  
WINTER GARDEN FL

STREET ADDRESS

CITY-ST-ZIP

300013523653

03/04/03--01100--005 \*\*141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DUEREN, WOLFGANG  
1311 VINELAND RD  
WINTER GARDEN FL

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

BK

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 A. Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.25.03 407.656.5599  
Date Daytime Phone #

CR2E003 (10/02)