

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000633

1. Entity Name
LEIGHTON CAPITAL PARTNERS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 14 AM 8:29

4/21

Principal Place of Business
POST OFFICE BOX 1273
STUART FL 34995

Mailing Address
POST OFFICE BOX 1273
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number APPLIED FOR
65-0849277

Applied For
Not Applicable

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

LEIGHTON, JOHN S III

2330 SW ESTELLA TERRACE
PALM CITY FL 34990

2931 S.W. BRIGHAM WY
PALM CITY, FL 34990

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

DATE _____

9. Capital Contributions
as Shown on record.

\$10,000.00

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 # P98000058584
NAME LEIGHTON CONSTRUCTION, INC.
STREET ADDRESS 2330 SW ESTELLA TERRACE
CITY-ST-ZIP PALM CITY FL 34990

STREET ADDRESS 2931 S.W. BRIGHAM WY
CITY-ST-ZIP PALM CITY FL 34990

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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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing general partner

3/10/03

772-283-3266

Date

Daytime Phone #

CR2E003 (10/02)