

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013188 A1

**DOCUMENT # A01000000784**



1. Entity Name  
**EPS-FLORIDA FINANCIAL, LIMITED PARTNERSHIP**

FILED

03 FEB 27 AM 9:59

Principal Place of Business  
**900 SIXTH AVENUE SOUTH, SUITE 204  
NAPLES FL 34102**

Mailing Address  
**900 SIXTH AVENUE SOUTH, SUITE 204  
NAPLES FL 34102**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3724625**

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

**SHUMAKE, JIM D  
900 SIXTH AVENUE SOUTH, SUITE 204  
NAPLES FL 34102**

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. **\$6,800,000.00**

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 # **P01000050942**  
NAME **PACKAGING-FLORIDA FINANCIAL CORPORATION**  
STREET ADDRESS **900 SIXTH AVENUE SOUTH, SUITE 204**  
CITY-ST-ZIP **NAPLES FL 34102**

STREET ADDRESS  
CITY-ST-ZIP **400013170454  
02/27/03--01076--023 \*\*526.25**

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**M THOMAS**

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. WOODRUFF, CFO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/03 (904) 465-6333  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE