

2003 **LIMITED PARTNERSHIP**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A01000001045*

1. Entity Name

STUMPF FAMILY LIMITED PARTNERSHIP



102
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -4 PM 3:33
W 8/19

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2727 N. Highway A1A

3. Mailing Address
7620 Massachusetts Ave.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

Suite, Apt. #, etc.
Apt. #502

Suite, Apt. #, etc.

City & State
Indialantic, FL

City & State
New Port Richey, FL

4. FEI Number
59-3734906

Applied For
Not Applicable

Zip
32903

Country
USA

Zip
34653

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
David C. Gilmore

Street Address (P.O. Box Number is Not Acceptable)
7620 Massachusetts Avenue

City
New Port Richey FL Zip Code
34653

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. **1,980,000.00** 10. Amount of Capital Contributions
in FLORIDA to date. **2,000,000.00** 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

*Stumpf Holdings, Inc.
2727 N. Highway A1A, Apt. #502
Indialantic, FL 32903*

STREET ADDRESS

CITY-ST-ZIP

300022419553

*08/19/03-01024-017 ***666.25*

CR2E0038 (12/02)

DOCUMENT #
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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: *Robert F. Stumpf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/31/03 222 849-2296

Date

Daytime Phone #

STAPLE CHECK HERE



DAVID C. GILMORE

ATTORNEY AT LAW

292

7620 MASSACHUSETTS AVENUE, NEW PORT RICHEY, FLORIDA 34653
TELEPHONE (727) 849-2296 TELECOPIER (727) 841-7146

July 31, 2003

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Stumpf Family Limited Partnership

Dear Sir:

In regard to the above captioned matter, please find enclosed the following:

- 1) 2003 Limited Partnership Uniform Business Report;
- 2) Supplemental Affidavit of Capital Contributions; and
- 3) Check payable to the Florida Dept. of Revenue in the amount of \$666.25.

The check is for the following fees:

- 1) Uniform Business Report fee \$437.50;
- 2) Supplemental Affidavit fee \$140.00; and
- 3) Supplemental fee \$88.75.

It is requested that the UBR late fee of \$400.00 be waived in this matter. The 2003 Limited Partnership Uniform Business Report was not received by my client. The mailing address for the limited partnership was my client's former address. In 2002 the partnership changed its address but the report was not forwarded to the new address. To insure future compliance, the new mailing address has been changed to my address.

Very truly yours,

A handwritten signature of David C. Gilmore.

David C. Gilmore

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FILED - STATE
DIVISION OF CORPORATIONS
SECRETARY OF STATE