

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVAL

100

DOCUMENT # A01000001523

1. Entity Name
CJ INVESTMENT SERVICES, LTD.



FILED
Mar 13, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
C/O L. GAIL MARKHAM
8961 CONFERENCE DRIVE
FT. MYERS FL 33919

Mailing Address
C/O L. GAIL MARKHAM
8961 CONFERENCE DRIVE
FT. MYERS FL 33919



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**
02-0605048

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

WHITE, DENNIS R
C/O DENNIS R. WHITE, P.A.
4099 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103-3548

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.

~~\$50,000,000.00~~
incorrect

10. Amount of Capital Contributions
in FLORIDA to date.

19,980

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 # **P01000109583**
NAME **CJ MANGEMENT SERVICES, INC.**
STREET ADDRESS **8961 CONFERENCE DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33919**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
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

3/6/03
Date

239-433-5554
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE