

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000339

1. Entity Name  
J.M. GODDARD LIMITED PARTNERSHIP



FILED  
03 JAN 14 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14945 - 113TH AVENUE NORTH  
LARGO FL 33774

Mailing Address  
14945 - 113TH AVENUE NORTH  
LARGO FL 33774



2. Principal Place of Business

3503 58<sup>th</sup> AVE. North

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

ST. Petersburg, Florida

City & State

4. FEI Number

75-3038177

Applied For

Not Applicable

Zip

33714

Country

Pinellas

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GODDARD, JOHN M  
14945 - 113TH AVENUE NORTH  
LARGO FL 33774

7. Name and Address of New Registered Agent

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.

\$950.00

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

DOCUMENT # P02000027036  
NAME J.M. GODDARD, INC.  
STREET ADDRESS 14945 - 113TH AVENUE NORTH  
CITY-ST-ZIP LARGO FL 33774

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800010086408  
01/14/03--01085--010 \*\*141.25

CR2E003 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Godland

1/9/03 (727) 596-6221

Date

Daytime Phone #