

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016564 AT

DOCUMENT # A02000000800



1. Entity Name
THE STEVEN B. ARKIN AND SUSAN M. ARKIN, L.L.P.

FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
240 ANASTASIA DR.
POINCIANA FL 34759

Mailing Address
240 ANASTASIA DR.
POINCIANA FL 34759

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

31-0671682

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

ARKIN, STEVEN B
240 ANASTASIA DR.
POINCIANA FL 34759

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.

\$0.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
ARKIN, STEVEN B
240 ANASTASIA DR.
POINCIANA FL 34759

STREET ADDRESS

CITY-ST-ZIP

04/30/03 01117 023 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ARKIN, SUSAN M
240 ANASTASIA DR.
POINCIANA FL 34759

STREET ADDRESS

CITY-ST-ZIP

300017618883
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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

APR 23.03

863

4273421

Date

Daytime Phone #

CR2E003 (10/02)