

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000987

1. Entity Name
P.S. FABRICS DESIGN CENTER & UPHOLSTERY, LTD



FILED

03 APR -8 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
830-13 A1A N.
PONTE VEDRA BEACH FL 32082

Mailing Address
830-13 A1A N.
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

01-0738383

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

COATES, IONA K
1794 ROGERO ROAD
JACKSONVILLE FL 32277

Name

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

1206 Ponte Vedra Blvd

City

Ponte Vedra Beach

FL

Zip Code

32082

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

3/29/03

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
BARNARD, SUNNY A
1206 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

900015474559
04/08/03--01067--002 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WAGNER, PAMELA S Davidson
830-13 A1A N.
PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

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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: PAMELA S. WAGNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-28-02

(904)249-4799

CR2E003 (10/02)

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