


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013898 AT

**DOCUMENT #** A02000001117

1. Entity Name  
**SEMBLER E.D.P. PARTNERSHIP #20, LTD.**



FILED

03 APR 30 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5858 CENTRAL AVENUE  
ST PETERSBURG FL 33707

Mailing Address  
5858 CENTRAL AVENUE  
ST PETERSBURG FL 33707



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 41847**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**ST. PETERSBURG, FL**

Zip  
**33743-1847**

Country  
**USA**

4. FEI Number  
**71-0902604**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHER, CRAIG H**  
**5858 CENTRAL AVENUE**  
**ST PETERSBURG FL 33707**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of signatory, and date, if applicable.

9. Capital Contributions as Shown on record. **502,672.50**

10. Amount of Capital Contributions in FLORIDA to date. **502,672.50**

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 #	<b>P96000003312</b>
NAME	<b>SEMBLER RETAIL, INC.</b>
STREET ADDRESS	<b>5858 CENTRAL AVENUE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33707</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700018293847</b>
CITY-ST-ZIP	<b>05/06/03--01058--013 **535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
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** **4/25/03 727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**CRAIG SHER PRESIDENT**

Date Daytime Phone #

STAPLE CHECK HERE

CRZE003 (10/02)