

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002288
AB

DOCUMENT # **A02000001172**

1. Entity Name
THE JRM LIMITED PARTNERSHIP



FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~1999 NORTH DOVER ROAD~~
~~DOVER FL 33627~~
402 N. Dort Street
Plant City, FL 33563

Mailing Address
~~1999 NORTH DOVER ROAD~~
~~DOVER FL 33627~~
402 N. Dort Street
Plant City, FL 33563

2. Principal Place of Business
402 N. Dort Street, Plant City

3. Mailing Address
402 N. Dort Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
Plant City, Florida 33563

City & State
Plant City, Florida 33563

4. FEI Number
56-231-8283

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
MILES, JOHN ROBERT
402 N. DORT STREET
PLANT CITY FL 33563

7. Name and Address of New Registered Agent
Name
Same
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

9. Capital Contributions as Shown on record. **\$50,000.00** 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 #	P02000068015	STREET ADDRESS	
NAME	JRM & JRM, II, INC.	CITY-ST-ZIP	500024172066 10/27/03--01095--023 **838.75
STREET ADDRESS	402 N. DORT STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33563	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

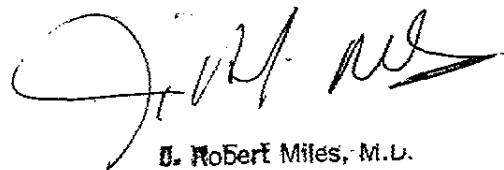
SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **9-23-03** Daytime Phone #

CR2E003 (4/03)

RE: Penalty and Interest

To Whom it may concern:

Please rebate the penalty and interest on the late payment for the UBR. The attached form will show that they were sent to the wrong address. Therefore the form wasn't received until September.

A handwritten signature in dark ink, appearing to read "J. Robert Miles", is written over the typed name and address.

J. Robert Miles, M.D.
402 N. Dort Street
Plant City, FL 33566