

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001456

1. Entity Name  
HOMETOWN PAYROLL ADVANCE LTD



Principal Place of Business  
4213 U. S. 1 SOUTH  
ST. AUGUSTINE FL 32086

Mailing Address  
4213 U. S. 1 SOUTH  
ST. AUGUSTINE FL 32086

FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number

4112065539

Applied For

Not Applicable

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

BOUTROS, DAVID A  
1208 RIO DEL MAR RD  
ST. AUGUSTINE FL 32080

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. \$2,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 2000.00

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 BOUTROS, TINA A  
STREET ADDRESS 1208 RIO DEL MAR RD  
CITY-ST-ZIP ST. AUGUSTINE FL 32080

STREET ADDRESS  
CITY-ST-ZIP 900023453709  
10/15/03--01052--015 \*\*488.75

DOCUMENT #  
NAME WORTH, ROBERT N  
STREET ADDRESS 915 S. PONCE DELEON BLVD  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

STREET ADDRESS  
CITY-ST-ZIP 900023453709  
09/30/03--01092--011 \*\*52.50

DOCUMENT #  
NAME WORTH, JANE L  
STREET ADDRESS 915 S. PONCE DELEON BLVD  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

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: David A Boutros 9/23/03 904-974140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)

0003457 SP

STAPLE CHECK HERE