

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015059 AT

DOCUMENT # A02000001474

1. Entity Name
HELPHENSTINE ENTERPRISES LIMITED PARTNERSHIP, LL
LP



FILED

03 APR 22 PM 3:18

SECRETARY OF STATE
TALLAHASSEE



Principal Place of Business
1901 TAMiami TRAIL
PUNTA GORDA FL 33950

Mailing Address
1901 TAMiami TRAIL
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

DUE BY MAY 1, 2003

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

HELPHENSTINE, JOANNE P
1901 TAMiami TRAIL
PUNTA GORDA FL 33950

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.

\$1,612,331.00

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
HELPHENSTINE, JOANN P
1901 TAMiami TRAIL
PUNTA GORDA FL 33950

STREET ADDRESS

CITY - ST - ZIP

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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: JOANNE P. HELPHENSTINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

JOANNE P. HELPHENSTINE 4/17/03 944-639-1155

CR2E003 (10/02)

PLEASE CHECK HERE