

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

192

0002121 AB

DOCUMENT # A02000001593

1. Entity Name
OCALA WEST PARTNERS, A FLORIDA LIMITED PARTNERSHIP
IP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 11:19

128/20

Principal Place of Business
2040 NW 67TH PLACE
GAINESVILLE FL 32653

Mailing Address
2040 NW 67TH PLACE
GAINESVILLE FL 32653



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

57-1154446

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

SHOREY, SUZANNE V
5010 NW 43RD STREET
GAINESVILLE FL 32606

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.

\$100.00

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 SOUTHERN BUILDING STRUCTURES, INC.
STREET ADDRESS 2040 NW 67TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32653

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-7-03

Date

352-264-7203

Daytime Phone #

CR2E003 (4/03)

Ocala West Partners
2040 NW 67th Place
Gainesville, FL 32653

292

August 7, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: UBR
Ocala West Partners, a Florida Limited Partnership

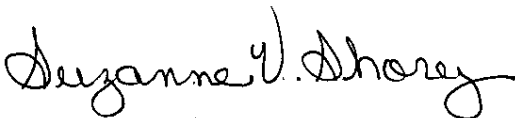
Dear Sir:

Ocala West Partners is a newly formed partnership and we were unaware of the need to file a UBR in May 2003 until the enclosed notice was received advising of the delinquency. We respectfully request that the penalty for late filing be waived.

Please find enclosed our check in the amount of \$141.25.

Thank you for your assistance in this matter, I am,

Sincerely,



Suzanne V. Shorey
Registered Agent
(352) 264-7203

/svs

Enclosure

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 13 AM 11:19