

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name A0300000088 Regal Food Service Equipment Furniture + Supplies LTD	
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FILED

2003 MAY -8 AM 10:47

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1731 Old Okeechobee Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box Suite, Apt. #, etc.
City & State West Palm Beach, Florida Zip 33409 Country USA	City & State West Palm Beach, Florida Zip 33409 Country USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEE Number 82-0581560	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Broad and Cassel	
Street Address (P.O. Box Number is Not Acceptable) Attn: Andrew P. Ruffin, Esq	
One North Clematis Street, Suite 500	
City West Palm Beach	Zip Code FL 33401

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 **Don J. ...** **Don J. ... - CEO** **4/30/03**

9. Capital Contributions as Shown on record. 500	10. Amount of Capital Contributions in FLORIDA to date. 500	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
Regal Food Service Inc. 1731 Old Okeechobee Road West Palm Beach, FL 33409		700018471217 05/08/03--01005--015 **141.25
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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Donald Hindman** **Donald S. Hindman** **4/30/03** **561-684-3599**

SIGNATURE AND AFFIRMED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/02)

STAPLE CHECK HERE