

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016224 AT

**DOCUMENT # A05663**

1. Entity Name  
**BOULEVARD, LTD.**



**FILED**

03 JAN 15 PH 3:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DAJH**

Principal Place of Business  
**% DAVID W. THOMPSON**  
**5636 GRAND BLVD.**  
**NEW PORT RICHEY FL 34652-3897**

Mailing Address  
**% DAVID W. THOMPSON**  
**5636 GRAND BLVD.**  
**NEW PORT RICHEY FL 34652-3897**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2257965**

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**

**7. Name and Address of New Registered Agent**

**THOMPSON, DAVID W**  
**5636 GRAND BLVD.**  
**NEW PORT RICHEY FL 34652-3897**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$52,000.00**

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 #  
NAME **THOMPSON, DAVID W**  
STREET ADDRESS **5636 GRAND BLVD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **SHELTON, DAVID G**  
STREET ADDRESS **5636 GRAND BLVD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

STREET ADDRESS **200010133562**

CITY-ST-ZIP **01/15/03--01070--009 \*\*452.75**

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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 W. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-13-03 727 847-5360**  
Date Daytime Phone #

CR2E003 (10/02)