

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003258 MB

DOCUMENT # A16251

1. Entity Name
WALL BOULEVARD ASSOCIATES, LTD.



FILED

03 SEP -8 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
41 N BELTUNE HWY
3RD FLOOR, COLONIAL BANK CENTRE
MOBILE AL 36608

Mailing Address
P.O. BOX 160306
MOBILE AL 36616

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 63-0864495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA FL 32503-4350

7. Name and Address of New Registered Agent

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 Joseph J. Campus DATE 9/3/03

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

9. Capital Contributions as Shown on record. \$3,300,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$3,300,000.00

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 #	GP9800001084	STREET ADDRESS	
NAME	MITCHELL EQUITIES	CITY-ST-ZIP	
STREET ADDRESS	3298 SUMMIT BLVD #18		
CITY-ST-ZIP	PENSACOLA FL 32503-4350		
DOCUMENT #		STREET ADDRESS	
NAME		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: Signature DATE 9/4/03 251-380-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/03)