

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021078 FP

DOCUMENT # A19014

1. Entity Name
SMOKEWOOD REALTY ASSOCIATES I LIMITED PARTNERSHI
P



FILED
03 MAR 25 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FL



Principal Place of Business
% 215 NORTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address
% 215 NORTH EOLA DRIVE
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number **05-0415007**

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

FILDES, RICHARD J
% LOWNDES, DROSDRICK, DOSTER ET AL
215 N. EOLA DR.
ORLANDO FL 32802

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. **\$400.00**

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 # **G46246**
NAME **PICERNE DEVELOPMENT CORPORATION OF FLORIDA**
STREET ADDRESS **1000 N. ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

STREET ADDRESS

CITY-ST-ZIP

000014693030

03/25/03--01085--021 **141.25

DOCUMENT #
NAME **PICERNE, ROBERT M**
STREET ADDRESS **1000 N. ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

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: **ROBERT M. PICERNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/03

Date

407-772-0200

Daytime Phone #

CR2E003 (10/02)