

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20683**

1. Entity Name
CARTER WILCOX PROPERTIES, LTD.



FILED

03 FEB 21 AM 9:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
**515 JOHN KNOX ROAD
TALLAHASSEE FL 32303**

Mailing Address
**515 JOHN KNOX ROAD
TALLAHASSEE FL 32303**



2. Principal Place of Business
**267 John Knox Road
Suite 100
Tallahassee, FL
32303**

3. Mailing Address
**267 John Knox Rd
Suite 100
Tallahassee, FL
32303**

DUE BY MAY 1, 2003

4. FEI Number **59-2651871**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILCOX, W. EUGENE
515 JOHN KNOX RD.
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **Wilcox, W. Eugene**
Street Address (P.O. Box Number is Not Acceptable)
**267 John Knox Rd
Suite 100
Tallahassee, FL 32303**

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 **W. Eugene Wilcox**

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

DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

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 #	WILCOX, W. EUGENE
NAME	515 JOHN KNOX RD
STREET ADDRESS	TALLAHASSEE FL
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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STREET ADDRESS	800012962609
CITY-ST-ZIP	02/21/03--01065--016 **141.25
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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: **W. Eugene Wilcox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-20-03

Date

Daytime Phone #

CR2E003 (10/02)