

2001 UNIFORM BUSINESS REPORT (UBR)

0017948 AF

DOCUMENT # **A23514**

1. Entity Name

P.A.D., LTD.

FILED
01 JAN 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

Principal Place of Business

Mailing Address

**480 E. PARKINS MILL ROAD
GREENVILLE SC 29607**

**P.O. BOX 8814
GREENVILLE SC 29604-8814**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2721655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANK, ALBERT
3102 SCHILLER ST.
TAMPA FL 33629**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 # **215410**
NAME **P.A.D., INC.**
STREET ADDRESS **480 E. PARKINS MILL ROAD**
CITY-ST-ZIP **GREENVILLE SC 29607**

STREET ADDRESS

CITY-ST-ZIP

400003576574--8

01/25/01 01057-022

******526.25 ****526.25**

DOCUMENT #
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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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/01
Date

864-250-5137
Daytime Phone #

President of P.A.D. Inc. General Partner

CR2E003 (11/00)