

2001 UNIFORM BUSINESS REPORT (UBR)

0012605 AF

DOCUMENT # **A25144**

1. Entity Name

CIS REALTY, LIMITED

FILED

01 MAR 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13700 SUTTON PARK DR. N., SUITE 535 JACKSONVILLE FL 32224	Mailing Address POST OFFICE BOX 7177 JACKSONVILLE FL 32238
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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 59-2842334	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BARTON, THOMAS L.
13700 SUTTON PARK DR. N., SUITE 535
JACKSONVILLE FL 32224**

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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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9. Capital Contributions as Shown on record. \$900,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # J78761	NAME O.N., INC.	STREET ADDRESS	
STREET ADDRESS P. O. BOX 7177 N/A		CITY-ST-ZIP	
CITY-ST-ZIP JACKSONVILLE FL			
DOCUMENT #	NAME	STREET ADDRESS	
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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: **SIG REQUIRED** **3/23/01** **828-743-2585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
James G. Barton, President of O.N., Inc. Date Daytime Phone #

CR2E003 (11/00)