

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25144**

1. Entity Name  
**CIS REALTY, LIMITED**



**FILED**

03 APR 24 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**13700 SUTTON PARK DR. N. SUITE 535  
JACKSONVILLE FL 32224**

Mailing Address  
**POST OFFICE BOX 7177  
JACKSONVILLE FL 32238**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2842334**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

**\$900,000.00**

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 # **J78761**  
NAME **O.N., INC.**  
STREET ADDRESS **P. O. BOX 7177 N/A**  
CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**200016957562**

**04/24/03--01044--019 \*\*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:

**SIGNATURE REQUIRED**

4/21/03

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 (10/02)

0006504  
AT