

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A26264

1. Entity Name

C.D. and Kathryn Marsh Atkins Limited Partnership

FILED

02 MAY -2 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2950 Eloise Loop Road

Suite, Apt. #, etc.

3. Mailing Address

6390 Cypress Gardens Blvd.

Suite, Apt. #, etc.

Suite B

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-2942858

Applied For

Not Applicable

Zip

33884

Country

USA

Zip

33884

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Baker, Stephen F.

Street Address (P.O. Box Number is Not Acceptable)

565 Avenue K, SE

City

Winter Haven

FL

Zip Code  
33880

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

9. Capital Contributions

as Shown on record.

\$199,200.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	Barbara K. Smith	2920 Eloise Loop Road	Winter Haven, FL 33884		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	Robert M. Atkins	2950 Eloise Loop Road	Winter Haven, FL 33884		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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. Atkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/29/02

863-324-7060

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE