

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014794 AT

DOCUMENT # **A26264**

1. Entity Name  
**C.D. AND KATHRYN MARSH ATKINS LIMITED PARTNERSHI  
P**



FILED

2003 APR -2 PM 2: 53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2950 LAKE ELOISE LOOP RD.  
WINTER HAVEN FL 33884**

Mailing Address  
**6390 CYPRESS GARDENS BLVD., SUITE B  
WINTER HAVEN FL 33884**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-2942858**

Applied For

Not Applicable

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

**BAKER, STEPHEN F.  
565 AVENUE K, S., E.,  
WINTER HAVEN FL 33860**

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 **\$199,200.00**  
as Shown on record.

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 #  
NAME **ATKINS, ROBERT M**  
STREET ADDRESS **2950 ELOISE LOOP ROAD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

STREET ADDRESS

CITY-ST-ZIP

**300015051033**  
**04/02/03 01012 002 \*\*526.25**

DOCUMENT #  
NAME **SMITH, BARBARA K** **DECEASED -**  
STREET ADDRESS **2920 ELOISE LOOP RD** **AMENDMENT TO**  
CITY-ST-ZIP **WINTER HAVEN FL** **BE FILED**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/10/03 (863)374-7060**  
Date Daytime Phone #

CR2E003 (10/02)