

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27742**

1. Entity Name
BOCA VILLA LIMITED PARTNERSHIP



FILED
03 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**100 W. HIDDEN VALLEY BLVD.
BOCA RATON FL 43215
US**

Mailing Address
**383 S 3RD ST.
COLUMBUS OH 43215
US**

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 **31-1162068**

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

**JOSEPH SKILKEN MANAGEMENT CO.
BOCA SOL APARTMENT RENTAL OFFICE
200 NE 20TH STREET
BOCA RATON FL 33431**

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.

\$150.00

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 # **F93000001193**
NAME **JOSEPH SKILKEN & CO**
STREET ADDRESS **383 SOUTH THIRD STREET**
CITY-ST-ZIP **COLUMBUS OH**

STREET ADDRESS

CITY-ST-ZIP

~~04/30/03--01075--015 **141.25~~

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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:

Joseph Skirken **JOSEPH SKIRKEN** 4/24/03 614-221-4547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0019765 MB

STAPLE CHECK HERE