

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006324  
AT

DOCUMENT # **A29550**

1. Entity Name

**KINCO, LTD.**

02 FEB 22 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5245 OLD KINGS ROAD  
JACKSONVILLE FL 32254

C/O KINCO INC.  
P.O. BOX 6429  
JACKSONVILLE FL 32236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**62-1417715**

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

**KING, ROBERT F**  
**5245 OLD KING ROAD N.**  
**JACKSONVILLE FL 32254**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$6,547,097.33**

10. Amount of Capital Contributions (By LTD PARTNERS)  
in FLORIDA to date. **\$5,105,245**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
L44136	KINCO, INC.	5245 OLD KINGS ROAD	JACKSONVILLE FL

STREET ADDRESS	CITY-ST-ZIP

200005033092--5  
-03/04/02--01003-005  
\*\*\*535.00 \*\*\*535.00

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

**Kinco, Ltd. A Limited Partnership**

By: Kinco, Inc. Its General Partner

SIGNATURE:

*[Handwritten Signature]*

**FEB. 12, 2002** 904-355-1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone # EXT 161

CR2E003 (9/01)

PLEASE CHECK HERE