

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30230

1. Entity Name

THE SHELBY W. DAVIS FAMILY LIMITED PARTNERSHIP

FILED

02 JUL 12 PM 4:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



DUE BY SEPTEMBER 25, 2002

4. FEI Number 72-1155328

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, SHELBY W
2248 LONG COVE COURT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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

\$219,595.00

10. Amount of Capital Contributions

in FLORIDA to date.

219,595

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
DAVIS, SHELBY W.
2248 LONG COVE COURT
OVIEDO FL 32765

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500006453125--9

07/16/02 01062 011

****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(l), 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:

SHELBY W. DAVIS

7/8/02 407-366-6653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

CR2E003 (4/02)

000008 AT

STAPLE CHECK HERE



Shelby Davis Financial

Shelby Davis Financial

2248 Long Cove Court
Oviedo, Florida 32765
(407) 366-6653

Shelby W. Davis, CPA
Rita N. Davis
Financial Planners

(2)

JULY 8, 2002

MS. KATHERINE HARRIS
SECRETARY OF STATE
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR MS. HARRIS:

I WANT TO APOLOGISE
FOR FILING MY UNIFORM
BUSINESS REPORT LATE.

I AM WRITING TO ASK
THAT THE LATE FEE OF
\$400 BE FORGIVEN. I AM
SUFFERING FROM A VERY
SERIOUS DEPRESSION WHICH
WAS CAUSED BY AN AUTOMOBILE
ACCIDENT. I WILL MAKE
AN ATTEMPT TO FILE
FUTURE REPORTS ON
TIME.

I WOULD APPRECIATE
YOUR HELP IN THIS MATTER.

SINCERELY,

Shelby W. Davis