

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014657
AT

DOCUMENT # **A30252**

1. Entity Name
SUNPURE GROVES, LTD.



FILED

2003 FEB 21 PM 4:17

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**5200 U.S. HWY 98 SOUTH
LAKELAND FL 33813-4203**

Mailing Address
**5200 U.S. HWY 98 SOUTH
LAKELAND FL 33813-4203**

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 **59-3015383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LASHKAJANI, HADI B
5200 U.S. HWY 98 SOUTH
LAKELAND FL 33813-4203**

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 as Shown on record. **\$1,736,000.00**

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

DOCUMENT # **K00323**
NAME **SUNPURE PRODUCTS, INC.**
STREET ADDRESS **5200 U.S. HIGHWAY 98 SOUTH**
CITY-ST-ZIP **LAKELAND FL 33813**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000012958230
02/21/03--01033--010 **526.25**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-17-03

863-6192224

Date

Daytime Phone #

CR2E003 (10/02)