

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31519

1. Entity Name
The Total Pet Complex at Beach Blvd. East, Ltd.

Principal Place of Business
P.O. Box 1294
Ponte Vedra Beach, FL 32004

Mailing Address
P.O. Box 1294
Ponte Vedra Beach, FL 32004

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
50 N. Laura Street
Suite 2800
City & State
Zip Country

Jacksonville, Florida
32202 USA

FILED
01 SEP -4 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3023035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Phillips, Pamela K.
50 N. Laura Street, Suite 2800
Jacksonville, Florida 32202

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 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 #	L72987	STREET ADDRESS	
NAME	The Total Pet Complex at Beach Blvd.	CITY-ST-ZIP	
STREET ADDRESS	1433 Beach Blvd East		
CITY-ST-ZIP	Jacksonville, Florida		
DOCUMENT #		STREET ADDRESS	
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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:  Jay A. Shapiro, President 8/29/01 (904) 607-0168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)