

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33050**

1. Entity Name
J. & F. SCRAP PROPERTY, LTD.



Principal Place of Business
~~P.O. BOX 1238~~ **14536 MARK DR**
~~PINELLAS PARK FL 33780-1238~~
LARGO, FL 33774

Mailing Address
~~P.O. BOX 1238~~ **14536 Mark Dr.**
~~PINELLAS PARK FL 33780-1238~~
Largo, FL 33774

2. Principal Place of Business
14536 Mark Dr
Suite, Apt. #, etc.

3. Mailing Address
14536 Mark Dr
Suite, Apt. #, etc.

City & State
Largo, Florida
Zip
33774
Country
USA

City & State
Largo, Florida
Zip
33774
Country
USA

4. FEI Number **59-3128092**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALAS, JOSE
14536 MARK DRIVE
LARGO FL 33774

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

9. Capital Contributions
as Shown on record. **\$5,000,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SALAS, JOSE 14536 MARK DRIVE LARGO FL 33774	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	SALAS, FLORENCE 14536 MARK DRIVE LARGO FL 33774	STREET ADDRESS	900010403299
NAME		CITY-ST-ZIP	01/21/03--01108--022 **526.25
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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)(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: **JOSE SALAS** **Jan 17, 2003** **(727) 596-1339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0014410 AT

CR2E003 (10/02)

FILED
03 JAN 21 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

