

2002 UNIFORM BUSINESS REPORT (UBR)

0006665 AT

DOCUMENT # **A33356**

1. Entity Name

IMAGES OF JACKSONVILLE LIMITED PARTNERSHIP

FILED

02 MAR 25 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

5791 UNIVERSITY CLUB N.
JACKSONVILLE FL 32277

5791 UNIVERSITY CLUB BLVD. N.
JACKSONVILLE FL 32277
US

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

59-3139252

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

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL FL 32301

Name

MR. SONNY MARTIN

Street Address (P.O. Box Number is Not Acceptable)

4345 Southpoint Blvd.

Suite 100

City

JACKSONVILLE

FL

Zip Code

32216

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 **X**

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

3/22/02
DATE

9. Capital Contributions
as Shown on record.

\$1,093,500.00

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 # **P96000072974**
NAME **STEP MANAGEMENT CORP.**
STREET ADDRESS **5791 UNIVERSITY CLUB BLVD. NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

STREET ADDRESS

CITY-ST-ZIP

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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:

SERGE GHATAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

904 743 6806

CR2E003 (9/01)

STAPLE CHECK HERE