

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

0008944 AT

DOCUMENT # **A93000001434**

1. Entity Name
1300 METRO, LTD.



FILED

03 APR 30 PM 12:11

Principal Place of Business
**1300 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308**

Mailing Address
**P.O. BOX 14019
TALLAHASSEE FL 32317**

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
1815 MICCOSUKEE COMMONS DR.

3. Mailing Address

Suite, Apt. #, etc.
#104

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
TALLAHASSEE, FL

City & State

4. FEI Number **59-3154341**

Applied For
Not Applicable

Zip Country
32308 LEON

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

**NOBLIN, MILLARD J
1815 MICCOSUKEE COMMONS DRIVE, SUITE 104
TALLAHASSEE FL 32308**

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.

4/22/03
DATE

9. Capital Contributions
as Shown on record. **\$1,100,000.00**

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 #
NAME **NOBLIN, MILLARD J**
STREET ADDRESS **1815 MICCOSUKEE COMMONS DR., STE. 104**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/03
Date

Daytime Phone #

CR2E003 (10/02)