

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007035 AT

DOCUMENT # **A94000000245**

1. Entity Name  
**MAIORIELLOS LTD.**



**FILED**  
03 MAR 13 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**68 ANCHOR LANE  
SANTA ROSA BEACH FL 32459**

Mailing Address  
**68 ANCHOR LANE  
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3213060**

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

**MAIORIELLO, JOSEPH J III  
68 ANCHOR LANE  
SANTA ROSA BEACH FL 32459**

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. **\$0.00**

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 **MAIORIELLO, JOSEPH J III**  
STREET ADDRESS **68 ANCHOR LANE**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

STREET ADDRESS

CITY-ST-ZIP

**700014067617**  
**03/13/03--01059--014 \*\*141.25**

DOCUMENT #  
NAME **MAIORIELLO, LORRAINE T**  
STREET ADDRESS **68 ANCHOR LANE**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **MAIORIELLO, JOSEPH J IV**  
STREET ADDRESS **14 MINE ROAD**  
CITY-ST-ZIP **OLEY PA 19547**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **MAIORIELLO, CAROLE L**  
STREET ADDRESS **614 SPRUCE HILL ROAD**  
CITY-ST-ZIP **OTTSVILLE PA 18942**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE OF MAIORIELLO, JOSEPH J III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/10/03 850-267-2703**

Date

Daytime Phone #

CR2E003 (10/02)