

2002 UNIFORM BUSINESS REPORT (UBR)

0005683 AT

DOCUMENT # **A94000001018**

1. Entity Name
SOUTH WALK LTD.

FILED

02 JAN 28 PM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**151 CREEKSIDE DR.
ST. AUGUSTINE FL 32086**

Mailing Address
**151 CREEKSIDE DR.
ST. AUGUSTINE FL 32086**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3267962**

Applied For
Not Applicable

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

**COLLARD, DEBRA
151 CREEKSIDE DR.
ST. AUGUSTINE FL 32086**

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 *x Debra Collard* **1-22-2002**
Signature, typed or printed name of registered agent and fee if applicable. DATE

9. Capital Contributions as Shown on record. **\$160,000.00**

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 # **G59175**
NAME **PARKVIEW DEVELOPMENT CORP., INC.**
STREET ADDRESS **151 CREEKSIDE DR.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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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: *x Debra Collard* **1-22-2002** **904 797-3537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)