2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 94000001249

1. Entity Name
RKCS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3006 SWANN AVE TAMPA, FL 33609	3006 SWANN AVE TAMPA, FL 33609

2. Principal Place of Business	3. Mailing Address
3006 SWANN AVE	3006 SWANN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. FEI Number: 59-3265486 ☐ 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
RANALD STEWART JR 3006 SWANN AVE TAMPA, FL 33609	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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE
$140,000		SEE REVERSE SIDE FOR TAX 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 #	STREET ADDRESS
NAME: RANALD STEWART JR	CITY-ST-ZIP
STREET ADDRESS: 3006 SWANN AVE	
CITY-ST-ZIP: TAMPA, FL 33609	
DOCUMENT #	STREET ADDRESS: 300003229793--6
NAME	-04/28/00--01113--005
STREET ADDRESS	CITY-ST-ZIP: ****526.25 ****526.25
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DOCUMENT #	STREET ADDRESS
NAME	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: R Stewart Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/00
Date

813-354-84[illegible]
Daytime Phone #