

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001722

1. Entity Name

P. STANLEY FAMILY LIMITED PARTNERSHIP

Principal Place of Business

6342 FOREST HILL BLVD.
BOX 138
WEST PALM BEACH FL 33415
US

Mailing Address

6342 FOREST HILL BLVD.
BOX 138
WEST PALM BEACH FL 33415-6158
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

685 Royal Palm Beach Blvd
Suite, Apt. #, etc.
Suite 102

3. Mailing Address

Suite, Apt. #, etc.

City & State
Royal Palm Beach

City & State

4. FEI Number 65-0652865

Applied For

Not Applicable

Zip: FL 33411

Country: USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, PAUL
1055 LONGLED TERRACE
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name: PAUL STANLEY
Street Address (P.O. Box Number is Not Acceptable): 685 ROYAL PALM BEACH BLVD
Suite 102
City: Royal Palm Beach FL Zip Code: 33411

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	STANLEY, PAUL	1055 LONGLED TERRACE	WEST PALM BEACH FL 33414
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	3300003260049--7
STREET ADDRESS	-05/19/00--01109--014
CITY - ST - ZIP	****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00

Date

501 793 0022

Daytime Phone #

(681) 300-2700 (1/99)