

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001735**

1. Entity Name  
**B.O.B. TALLAHASSEE PARTNERS, LTD.**



FILED

03 MAY 27 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1800 THOMASVILLE ROAD  
TALLAHASSEE FL 32303**

Mailing Address  
**1800 THOMASVILLE ROAD  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-3387162**

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

**CORPORATE SERVICES, INC.  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

Name **SELLERS LAW FIRM P.L.**

Street Address (P.O. Box Number is Not Acceptable)

**537 EAST PARK AVENUE**

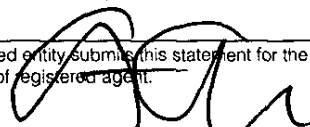
**TALLAHASSEE, FL 32301**

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

**5/26/2003**

9. Capital Contributions  
as Shown on record. **\$125,000.00**

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 # **P94000054759**  
NAME **B.O.B. TALLAHASSEE, INC.**  
STREET ADDRESS **1800 THOMASVILLE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**5-21-03**

**5230001**

CR2E003 (10/02)

0006726 AT

STAPLE CHECK HERE