

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013655 AT

DOCUMENT # **A95000000012**



1. Entity Name
WILCO PARTNERS, LTD.

FILED
03 MAY -5 PM 7:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**C/O JERRY WILLIAMS
4944 SAN RAFAEL
TAMPA FL 33629**

Mailing Address
**C/O JERRY WILLIAMS
4944 SAN RAFAEL
TAMPA FL 33629**



2. Principal Place of Business
4943 W SAN RAFAEL

3. Mailing Address
4943 W SAN RAFAEL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3289965**

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

**WILLIAMS, JERRY L
4944 SAN RAFAEL
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

5-1-03

9. Capital Contributions
as Shown on record. **\$3,000.00**

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

DOCUMENT # **P94000059863**
NAME **JWMS & CO., INC.**
STREET ADDRESS **4944 SAN RAFAEL**
CITY-ST-ZIP **TAMPA FL 33629**

13. ADDRESS CHANGES ONLY
400012007924
STREET ADDRESS **05/05/03--01064--006 **141.25**

CITY-ST-ZIP

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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

5-1-03 813-286-0770

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE