

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001498 AT

DOCUMENT # A95000000461
 1. Entity Name
LAUREL ENTERPRISES, LIMITED PARTNERSHIP



FILED

03 APR 21 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**489 W. MINNEHAHA AVE.
 CLERMONT FL 34711**

Mailing Address
**P.O. BOX 91085
 LAKELAND FL 33804**

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

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

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-3310081** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TARA FINANCIAL SERVICES, INC.
 487 W. MINNEHAHA AVE
 CLERMONT FL 34711**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$31,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **31,500.00**

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 #	
NAME	DECUBELLIS, STEPHEN JR
STREET ADDRESS	139 CONNIE LEE COURT
CITY-ST-ZIP	LAKELAND FL 33809
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200016395278 04/21/03--01058--011 **309.25
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: *Stephen J Decubellis* **STEPHEN J DECUBELLIS** 4/15/03 063-050-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E000 (10/02)

SAMPLE CHECK HERE