

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A95000001358

1. Entity Name
FLEMING ISLAND BUSINESS CENTER LTD.



03 FEB 21 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1550-A BUSINESS CENTER DRIVE
ORANGE PARK FL 32003

Mailing Address
1550-A BUSINESS CENTER DRIVE
ORANGE PARK FL 32003



2. Principal Place of Business
1590 ISLAND LANE

3. Mailing Address
1590

Suite, Apt. #, etc.
Suite 28

Suite, Apt. #, etc.

City & State
Fleming Island, Fla.

City & State

Zip
32003

Country
CLAY

Zip

Country

4. FEI Number 56-1941401

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

O'CONNOR, JOHN W
1550-A BUSINESS CENTER DRIVE
ORANGE PARK FL 32003

Name

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

Suite 28

1590 ISLAND LANE

City

Fleming Island

FL

Zip Code

32003

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 *John W. O'Connor*
Signature, typed or printed name of registered agent and title if applicable.

DATE

2/4/03

9. Capital Contributions
as Shown on record. \$100.00

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 # F47768
NAME O'CONNOR DEVELOPMENT CORPORATION
STREET ADDRESS 1550-A BUSINESS CENTER DRIVE
CITY-ST-ZIP ORANGE PARK FL 32003

STREET ADDRESS

1590 ISLAND LANE - Suite # 28

CITY-ST-ZIP

Fleming Island, Fla. 32003

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000012873740
02/21/03--01008--008 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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: *John W. O'Connor* G.P. 2/4/03 904/215-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0005619 AT

CR2E003 (10/02)

STAPLE CHECK HERE