

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 APR 26 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #A96000000067

1. Entity Name

P & W Realty, LTD

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

504 4<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Address

504 4<sup>th</sup> Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

Melbourne Bch FL

City & State

Melbourne Bch FL

4. FEI Number

59-3361883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jones, Richard O

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

1250 W EAU GALLIE Blvd Ste J  
Melbourne FL Zip Code 32935

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

9. Capital Contributions  
as Shown on record.

\$ 400,000.00

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

Vitale-Lewis Victoria  
504 4<sup>th</sup> Ave  
Melbourne FL 32951

STREET ADDRESS

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-05/03/02--01022--018  
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**DO NOT WRITE  
IN THIS SPACE**

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:

*Richard O Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/24/02 994-

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE