

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001069

1. Entity Name  
MO-AN OF FLORIDA LIMITED PARTNERSHIP



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE

900017580789  
04/30/03--01057--019 \*\*141.25  
~~900017580789~~



Principal Place of Business  
6000 MEADOWBROOK MALL  
SUITE 27  
CLEMMONS, NC 27012

Mailing Address  
P.O. BOX 1670  
CLEMMONS, NC 27012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1 2003

4. FEI Number

56-1979794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTT, JEFFREY D  
401 E JACKSON ST  
SUITE 2700  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name  
Andrew Service Corporation of Fla.  
Street Address (P.O. Box Number is Not Acceptable)  
201 No. Franklin St. Ste. 2100  
City  
Tampa FL Zip Code  
33602

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: Andrew Service Corporation of Florida

SIGNATURE [Signature]  
Signature, type or printed name of registered agent and title if applicable.

DATE

4/25/03

9. Capital Contributions  
as Shown on record. \$1,000.00

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 # P96000054279  
NAME MO-AN OF TAMPA, INC.  
STREET ADDRESS MEADOWBROOK MALL, SUITE 27  
CITY-ST-ZIP CLEMMONS, NC 27012

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 24, 2003

336-766-

5666  
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE