

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002156**

1. Entity Name
WALTER DICKINSON, LTD.



FILED

03 MAR 28 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1 INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE FL 32202**

Mailing Address
**1 INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3578765**

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

7. Name and Address of New Registered Agent

**AKEL, EDWARD C
1 INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202**

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

9. Capital Contributions as Shown on record. **\$98.00**

10. Amount of Capital Contributions in FLORIDA to date. **98.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DICKINSON, WALTER D TRUSTEE
1 INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE FL 32202**

STREET ADDRESS

CITY-ST-ZIP

**800014678128
03/25/03--01039--003 *141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**P96000095629
WALTER DICKINSON MANAGEMENT, INC.
1 INDEPENDENT DRIVE, SUITE 2401
JACKSONVILLE FL 32202**

STREET ADDRESS

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

3/24/03

Date

Daytime Phone #

CR2E003 (10/02)

0006140 AT