

2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000964

1. Entity Name  
JUMP START INDUSTRIAL PARTNERSHIP, LTD.



Principal Place of Business  
6312 US HWY 301 N. PMB #396  
ELLENTON FL 34222

Mailing Address  
6312 US HWY 301 N. PMB #396  
ELLENTON FL 34222

FILED  
03 APR 30 AM 5:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0768687

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

DESENBERG, MILFORD M JR.  
1321 N. LAKESHORE DRIVE  
SARASOTA FL 34231

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

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 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 # P97000038508  
NAME JUMP START INDUSTRIAL, INC.  
STREET ADDRESS 1321 N. LAKESHORE DRIVE  
CITY-ST-ZIP SARASOTA FL 34231

13. ADDRESS CHANGES ONLY

STREET ADDRESS 000017543810  
CITY-ST-ZIP 04/30/03--01022--011 \*\*535.00

DOCUMENT #  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03 941-755-3000  
Date Daytime Phone #

CR2E003 (10/02)