

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006663
AT

DOCUMENT # A97000001436



FILED

2003 FEB -4 PM 12: 04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. Entity Name
SY-KLONE INTERNATIONAL, LIMITED

Principal Place of Business
444 THIRD STREET
NEPTURNE BEACH FL 32266

Mailing Address
444 THIRD STREET
NEPTURNE BEACH FL 32266

2. Principal Place of Business
6593 POWERS AVE.

3. Mailing Address
PO BOX 550859
Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 17

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32217 US

Zip Country
32255-0859 US

4. FEI Number 59-3492344

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

HOULD, STEPHEN A ESQUIRE
444 THIRD STREET
NEPTURNE BEACH FL 32266

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. \$400,000.00

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 # J35101
NAME THE SY-KLONE COMPANY
STREET ADDRESS 6593-17 POWERS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32217

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

JAMES G. MOREDOCK REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANUARY 31, 2003 (904) 448-6563

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE