

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001606**

1. Entity Name  
**PARKWAY I, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR -8 AM 11:37

Principal Place of Business  
**15436 N. FLORIDA AVE., SUITE 101  
TAMPA FL 33613**

Mailing Address  
**15436 N. FLORIDA AVE., SUITE 101  
TAMPA FL 33613**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3459104**

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

**MYERS, W. PARKINSON**

**15436 N. FLORIDA AVE., SUITE 101**

**TAMPA FL 33613**

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. **\$250,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L99000008791**  
NAME **PARKWAY I, LLC**  
STREET ADDRESS **15436 N. FLORIDA AVE., SUITE 101**  
CITY-ST-ZIP **TAMPA FL 33613**

STREET ADDRESS

CITY-ST-ZIP

**500015445485**

DOCUMENT #  
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**04/08/03--01005--009 \*\*526.25**

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**W. Parkinson Myers 4/2/03 (813) 960-1006**  
Date Daytime Phone #

0013483 AT

CR2E003 (10/02)