

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001640

1. Entity Name  
PETRA OF NAPLES, LTD.



FILED

03 MAY -2 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
1827 TRADE CENTER WAY, #3  
NAPLES FL 34109

Mailing Address  
1827 TRADE CENTER WAY, #3  
NAPLES FL 34109



2. Principal Place of Business  
2100 TRADE CENTER WAY

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
SUITE D

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3459487

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

MUSUMANO, PATSY

1827 TRADE CENTER WAY, #3-2100 TRADE CENTER WAY  
NAPLES FL 34109 SUITE D

Name

Street Address (PO Box Number is Not Acceptable)

2100 TRADE CENTER WAY

SUITE D

City

NAPLES

FL

Zip Code

34109

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 PATSY MUSUMANO

DATE 4/29/03

9. Capital Contributions  
as Shown on record. \$470,000.00

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 # P97000062284  
NAME PETRA DEVELOPMENT, CORP.  
STREET ADDRESS 1827 TRADE CENTER WAY, #3  
CITY-ST-ZIP NAPLES FL 34109

STREET ADDRESS 2100 TRADE CENTER WAY, SUITE D

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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: SIGNATURE REQUIRED

DATE 4/29/03

Date

Daytime Phone #

CR2E003 (10/02)