2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A97000002081 DOCUMENT

1. Entity Name
JPS STARBOARD TACK, LTD.



Principal Place of Business 2076 CAVALLA ROAD VERO BEACH FL 32963

Mailing Address 2076 CAVALLA ROAD VERO BEACH FL 32963 APPRUVEL AND FILED

03 JAN 13 AM 10: 15

SECRETARY OF STATE TALL AHASSEE, FLORIDA



] 		Comp Hark areas for all si	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & St	ate		City & State					WAT 1, 2		
Zip Country						4. FEI Numbe	er 65-0782187		Applied Not App	
Zip	Countr	,	Zip	Country	·	5. Certificate	of Status Desired		\$8.75 Additiona Fee Required	
	6. Name and Add	egistered Agent			7. Name and Address of New Registered Agent					
STRAZZULLA, JOSEPH P					Name					
1	VALLA RD.			9	trant Address (s (P.O. Box Number is Not Acceptable)				
	ACH FL 32963			31		P.O. Box Numbe	r is Not Acceptable)			
}									·	
D The share	-			Ci	•			FL	Zip Code	
SIGNATURE	Signature, typed or printed nam	e of registered agent and				ed agent, or both	i, in the State of Fiori	Ida. I am	amiliar with, and ac	cept
9. Capital Contributions as Shown on record. \$1,150,031.00			Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHECK	PAYABLE	TO FL. DEPT. OF ST	TATE
	A GENERAL	PARTNER TH	T IS A BUSINESS EN	FITY MUST	BE REGIST	ERED AND A			R FEE INFORMATION	N
12.				e form; an	amendment	must be filed	to change a gen	eral par	Iner.	Ī
12. GENERAL PARTNER INFORMATION DOCUMENT # P97000067955				13.			ADDRESS CHAN	IGES ON	Y	
NAME JPS STARBOARD TACK, INC.					RESS					
STREET ADDRESS CITY-ST-ZIP	2076 CAVALLA ROA VERO BEACH FL 32	D.		CITY-ST-ZIF	,	*	<u> </u>		_ ,	
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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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

JAN 9

772 - 231-6406