

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002261**

1. Entity Name  
**THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSH  
IP**



Principal Place of Business  
**325 NORTH BRIDGE STREET  
LABELLE FL 33935**

Mailing Address  
**P.O. BOX 401  
LA BELLE FL 33975**

FILED

2003 MAR -4 AM 10: 52

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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 **65-0782140**

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

**DAVIDSON, BEAUFORD E  
352 LEE ST.  
LABELLE FL 33935**

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.

**250,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAVIDSON, BEAUFORD E  
325 NORTH BRIDGE STREET  
LABELLE FL 33935**

STREET ADDRESS

CITY-ST-ZIP

**600013516876  
03/04/03---01076---002 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAVIDSON, JANIS L  
325 NORTH BRIDGE STREET  
LABELLE FL 33935**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

*Janis L. Davidson*

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

**12/25/03**

Date

**1863-675-2613**

Daytime Phone #

CR2E003 (10/02)