

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

DOCUMENT # **A91000002666**

1. Entity Name

**The Roger + George Partnership, Ltd**

**02 MAR -7 PM 2: 28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4332-44th St S**

3. Mailing Address

**4332-44th St S**

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

**St Petersburg FL**

City & State

**St Petersburg FL**

4. FEI Number

Applicable Fee

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Fulfilled

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Roger G. Townsend, Jr.**

Street Address

**4332 44th St., South**

City

**St. Petersburg**

State

**FL**

Zip

**33711**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature of the person filing this report and the registered agent, if applicable.

DATE

9. Capital Contributions  
as shown on record.

**1,000,000**

10. Amount of Capital Contributions  
in FLORIDA to date

**1,000,000**

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

**Roger G. Townsend, Jr.  
4332-44th St S  
St Petersburg FL 33711**

STREET ADDRESS

CITY, ST, ZIP

**000005097430--23  
-03/12/02--01062--011**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

STREET ADDRESS

CITY, ST, ZIP

**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

STREET ADDRESS

CITY, ST, ZIP

**DO NOT WRITE**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

STREET ADDRESS

CITY, ST, ZIP

**IN THIS SPACE**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

STREET ADDRESS

CITY, ST, ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information supplied on this filing document is true and accurate and that my signature shall have the same legal effect as if made under oath. This form is required by Chapter 620, Florida Statutes.

SIGNATURE:

**Roger Townsend**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-5x2**

**727 867 3605**

STAPLE CHECK HERE

ORCEOUS (12/01)