

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

6/4/10

0013326 AT

DOCUMENT # A98000000133

1. Entity Name
DODSON LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4:18

Principal Place of Business
3122 WEST OAKLYN AVE.
TAMPA FL 33609

Mailing Address
3122 WEST OAKLYN AVE.
TAMPA FL 33609



2. Principal Place of Business

4131 N. RIVER VIEW AVE

3. Mailing Address

4131 N. RIVER VIEW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number 59-3485768

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIBBS, JEAN D
3122 WEST OAKLYN AVE.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

4131 N. RIVER VIEW AVE

City

TAMPA

FL

Zip Code

33609

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.

\$2,185,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
HIBBS, JEAN D
3122 WEST OAKLYN AVE.
TAMPA FL 33609

STREET ADDRESS
CITY-ST-ZIP
4131 N. RIVER VIEW AVE
TAMPA, FL 33609

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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:

JEAN D HIBBS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JEAN D. HIBBS, GP 3/28/03

Date

Daytime Phone #

813 348 9172

CR2E003 (10/02)