

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001548**

1. Entity Name  
**HARMONY PLAZA, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 30 AM 9:50

Principal Place of Business  
**5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

Mailing Address  
**% THE SEMBLER COMPANY  
P.O. BOX 41847  
ST. PETERSBURG FL 33743-1847**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3521857**

Applied For

Not Applicable

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

**SHER, CRAIG  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

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.

**\$1,008,449.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**536,358.84**

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 # **P96000003312**  
NAME **SEMBLER RETAIL, INC.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

**400012293354**

**05/06/03--01058--017 \*\*535.00**

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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**

**4-25-03**

**727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**CRAIG SHER, PRESIDENT**

CR2E003 (10/02)

0014060 AT

STAPLE CHECK HERE