

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002311**

1. Entity Name
PORTSMOUTH BUSINESS CENTER ASSOCIATES, LTD.



FILED
03 MAR 24 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
852 SAXON BLVD., #29, SUITE 342
ORANGE CITY FL 32763

Mailing Address
852 SAXON BLVD., #29, SUITE 342
ORANGE CITY FL 32763



2. Principal Place of Business
2578 ENTERPRISE RD #342

3. Mailing Address
2578 ENTERPRISE RD #342

Suite, Apt. #, etc.
ORANGE CITY, FL 32763
City & State

Suite, Apt. #, etc.
ORANGE CITY, FL 32763
City & State

DUE BY MAY 1, 2003

4. FEI Number **59-3536933**

Applied For
Not Applicable

Zip
32763

Country

Zip
32763

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RYAN, MICHAEL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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. **\$200,000.00**

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

DOCUMENT # **P98000087155**
NAME **PORTSMOUTH BUSINESS CENTER, INC.**
STREET ADDRESS **2597 CENTER PRIDE RD #342**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

2578 ENTERPRISE RD #342

CITY-ST-ZIP

ORANGE CITY, FL 32763

STREET ADDRESS

CITY-ST-ZIP

200013908122
03/11/03--01014--007 **499.75

STREET ADDRESS

CITY-ST-ZIP

200013908122
03/24/03--01078--003 **437.50

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/03

386 668 3370

Date

Daytime Phone #

CR2EW.3 (10/02)