

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002852

1. Entity Name
SHHMOB PENSACOLA, LTD.



FILED
03 APR 30 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1900 INTERNATIONAL PARK DRIVE, SUITE 100
BIRMINGHAM AL 35274-2603

Mailing Address
1900 INTERNATIONAL PARK DRIVE, SUITE 100
BIRMINGHAM AL 35274-2603



2. Principal Place of Business
2204 Lakeshore Drive

3. Mailing Address
2204 Lakeshore Drive

Suite, Apt. #, etc.
Suite 215

Suite, Apt. #, etc.
Suite 215

City & State
Birmingham AL

City & State
Birmingham AL

Zip Country
35209 Jefferson

Zip Country
35209 Jefferson

DUE BY MAY 1, 2003

4. FEI Number 63-1217543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SQUATH PINE ISLAND ROAD
PLANTATION FL 33324

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. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,000.00

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

DOCUMENT # F98000006993
NAME JOHNSON DEVELOPMENT, INC.
STREET ADDRESS 1900 INTERNATIONAL PARK DR., SUITE 100
CITY-ST-ZIP BIRMINGHAM AL 35243

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2204 Lakeshore Drive, Ste 215
CITY-ST-ZIP Birmingham, AL 35209

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jim Johnson 4/25/03 (205) 822-2300

Date Daytime Phone #

CR2E003 (10/02)

SHIPLE CHECK HERE