

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 JUL 18 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0018862 AB

DOCUMENT # **A98000002867**

1. Entity Name  
**SARDONYX III LIMITED PARTNERSHIP**

Principal Place of Business  
**252 FOREST LAKE BLVD.  
DAYTONA BEACH FL 32119**

Mailing Address  
**311 CASTLE SHANNON BLVD.  
PITTSBURGH PA 15234**

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, 2002**

4. FEI Number **65-0885962**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAVINA, PETER J  
1833 HENDRY STREET  
FORT MYERS FL 33901**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$115,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L98000001680</b>		STREET ADDRESS	
NAME	<b>SARDONYX III, L.C.</b>		CITY-ST-ZIP	
STREET ADDRESS	<b>311 CASTLE SHANNON BLVD.</b>			
CITY-ST-ZIP	<b>PITTSBURGH PA 15234</b>			
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CITY-ST-ZIP				

**800006584378-3**  
**-07/23/02--01018--011**  
**\*\*\*\*535.00 \*\*\*\*535.00**

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: **Robert C. Gravina, President** **4/26/02** **412 341 4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)