

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002885**

1. Entity Name
THE PIAZZA FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -4 PM 4:02

2/6

Principal Place of Business
**311 PARK PLACE BLVD., SUITE 225
CLEARWATER FL 33759**

Mailing Address
**13777 BELCHER ROAD
LARGO FL 33771**



2. Principal Place of Business

13777 BELCHER ROAD S.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

LARGO, FL.

City & State

Zip

33771

Country

USA

Zip

Country

4. FEI Number **59-3553754**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIAZZA, JOHN J SR.
311 PARK PLACE BLVD., SUITE 225
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name

PIAZZA, JOHN J SR.

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

13777 BELCHER ROAD S.

City

LARGO

FL

Zip Code

33771

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

1/29/03
DATE

9. Capital Contributions
as Shown on record.

\$250,000.00

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 # **P95000049414**
NAME **PIAZZA REALTY CORP.**
STREET ADDRESS **311 PARK PLACE BLVD., SUITE 225**
CITY-ST-ZIP **CLEARWATER FL 33759**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

13777 BELCHER ROAD S.

CITY-ST-ZIP

LARGO, FL. 33771

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: **PIAZZA, JOHN J. SR.** 1/29/03 727-726-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0014337 AT

CR2E003 (10/02)

STAPLE CHECK HERE