

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A990000000025**

1. Entity Name  
**SEMBLER E.D.P. PARTNERSHIP 2004, LTD.**



**FILED**

**03 MAY -6 PM 1:38**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MIJM**



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

4. FEI Number **59-3550223**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 H  
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. **\$417,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **99.00**

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

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

**100018297861**  
**05/06/03--01073--012 \*\*150.00**

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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

**CRAIG SHER PRESIDENT**

**4/25/03 727-384-6000**

Date Daytime Phone #

CR2E003 (10/02)

0014036 AT

STAPLE CHECK HERE