

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A99000000241

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** J. LEE SMITH FAMILY, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6839 OSAGE DRIVE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

6839 OSAGE DRIVE  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 59-3557839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JAMES LEE  
6839 OSAGE DRIVE  
MT. DORA, FL 32757

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 3,000.00

**Amount of Capital Contributions in Florida to date:** 3,000.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SMITH, JAMES LEE  
Address: 6839 OSAGE DRIVE  
City-St-Zip: MT. DORA, FL 32757

Document #:

Name: SMITH, NANCY DIANE  
Address: 6839 OSAGE DRIVE  
City-St-Zip: MT. DORA, FL 32757

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES LEE SMITH

GP

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date