2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9900000280 **DOCUMENT #**

1. Entity Name
JBJ DEVELOPMENT, LTD.



Principa	al Place	of Busines:	>
1405 GR	EEN CO	VE ROAD	
WINTER	PARK F	L 32789	

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS Mailing Address PO BOX 941330 MAITLAND FL 32794-1330

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2. Principal Place of Business		3. Mailing Addr	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		DUE BY MAY 1, 2003			
City & State City & State					4. FEI Number 59-3585926		Applied For Not Applicable	
Zip	Country	Zip .	Cour	ntry	5. Certificate o	f Status Desired 🔲 🕟	8.75 Additional ee Required	
	6. Name and Address of Curre	ent Registered Agent			7. Name and A	ddress of New Registered A	gent	
FARMER, RI	CHADD A			Name		•	·	
	N COVE ROAD			Street Addres	ss (P.O. Box Number	is Not Acceptable)		
							:	
WINTER PAI	RK FL 32789							
				City		FL	Zip Code	
8. The above n	amed entity submits this statemen	t for the purpose of ch	nanging its register	ed office or regis	stered agent, or both,	in the State of Florida. I am fa	miliar with, and accept	
	ns of registered agent.			_	-	•		
CICNATURE								
SIGNATURE	gnature, typed or printed name of registered ag	gent and title if applicable.				DATE		
Capital Contract as Shown on			int of Capital Contr DRIDA to date.	butions		11. MAKE CHECK PAYABLE ' SEE REVERSE SIDE FOR		
	A GENERAL PARTNE	R THAT IS A BUSI	NESS ENTITY N	IUST BE REG	ISTERED AND AC	TIVE WITH THIS OFFICE	•	
40	NOTE: General Partners	MAY NOT be chan VER INFORMATION	ged on the forn		nent must be filed	ADDRESS CHANGES ONL		
12.	97000081409	NER INFORMATION	13.			ADDRESS CHANGES ONL	1	
	JC DEVELOPMENT, INC.	44-	STR	EET ADDRESS				
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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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Signature N **SIGNATURE:**

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