

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000291

1. Entity Name
FLEMING ISLAND AUTO SERVICE CENTER, LTD.



FILED

03 FEB 24 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1550-A BUSINESS CENTER DR.
SUITE A
ORANGE PARK FL 32003

Mailing Address
1550-A BUSINESS CENTER DR.
SUITE A
ORANGE PARK FL 32003

2. Principal Place of Business
1585 Island Lane
Suite # 28
Fleming Island, FLA.
Zip 32003 Country CLAY

3. Mailing Address
1590 Island Lane
Suite # 28
Fleming Island, FLA.
Zip 32003 Country CLAY

DUE BY MAY 1, 2003

4. FEI Number 59-3587594

Applied For
Not Applicable

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

O'CONNOR, JOHN W
1550-A BUSINESS CENTER DR.
SUITE A
ORANGE PARK FL 32003

Name
Street Address (P.O. Box Number is Not Acceptable) Suite # 28
1590 Island Lane
City Fleming Island, FL Zip Code 32003

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 John W. O'Connor John W. O'Connor

2/4/03

DATE

9. Capital Contributions as Shown on record. \$7,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F47768
NAME O'CONNOR DEVELOPMENT CORPORATION
STREET ADDRESS 1550-A BUSINESS CENTER DR.
CITY-ST-ZIP ORANGE PARK FL 32003

STREET ADDRESS 1590 Island Lane
CITY-ST-ZIP Suite # 28 Orange Park, FL 32003

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STREET ADDRESS
CITY-ST-ZIP

M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER John W. O'Connor G.P. 2/4/03 904 215-7575

Date

Daytime Phone #

CR2E003 (10/02)