

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000452

1. Entity Name  
QUINDAD, LIMITED



FILED

03 APR -8 AM 7:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
9191 GARLAND ROAD, #427  
DALLAS TX 75218

Mailing Address  
9191 GARLAND ROAD, #427  
DALLAS TX 75218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4/8



4. FEI Number 75-2933270

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

MCLAUGHLIN, DOROTHY ANNE  
8511 CEDAR COVE COURT  
ORLANDO FL 32819

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. \$93,864.00

10. Amount of Capital Contributions  
in FLORIDA to date. No Change

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 #  
NAME DUCHESNEAU, DONALD  
STREET ADDRESS 9191 GARLAND ROAD, #427  
CITY-ST-ZIP DALLAS TX 75218

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME DUCHESNEAU, DOROTHY  
STREET ADDRESS 9191 GARLAND ROAD, #427  
CITY-ST-ZIP DALLAS TX 75218

STREET ADDRESS

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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: Donna M. Dukes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/03  
Date

214-321-1276  
Daytime Phone #

CR2E003 (10/02)