

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000729

1. Entity Name
KAROSAS IN DEPTH LIMITED PARTNERSHIP



FILED

03 APR 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1295 LANDS END ROAD
PT MANALAPAN FL 33462

Mailing Address
1295 LANDS END ROAD
PT MANALAPAN FL 33462

2. Principal Place of Business

3. Mailing Address

553 HARBOR CT.

553 HARBOR CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

DELRAY BCH, FL

City & State

DELRAY BCH, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number 65-0919779

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAROSAS, RAYMOND K
1295 LANDS END ROAD
PT MANALAPAN FL 33462

7. Name and Address of New Registered Agent

Name RAYMOND K KAROSAS

Street Address (P.O. Box Number is Not Acceptable)

553 HARBOR CT.

City DELRAY BCH

FL

Zip 33483

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.

\$450.00

10. Amount of Capital Contributions in FLORIDA to date.

450.00

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 # P99000041164
NAME IHAJTL, INC.
STREET ADDRESS 1295 LANDS END ROAD
CITY-ST-ZIP PT MANALAPAN FL 33462

STREET ADDRESS 553 HARBOR CT.
CITY-ST-ZIP DELRAY BCH, FL 33483

DOCUMENT #
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STREET ADDRESS 000017567410
CITY-ST-ZIP 04/30/03--01057--014 **141.25

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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E003 (10/02)