

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A99000000779**

1. Entity Name  
**SPANISH MOSS PRODUCTIONS, LTD.**



FILED

03 APR 15 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1821 3RD STREET NORTH  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**C/O ROBERT SKEELS  
1821 3RD STREET NORTH  
JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-3598444**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SKEELS, ROBERT  
1821 3RD STREET NORTH  
JACKSONVILLE BEACH FL 32250**

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. **\$250,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$250,000.00**

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 # **P99000029344**  
NAME **J FILMS, INCORPORATED**  
STREET ADDRESS **1821 3RD STREET NORTH**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

STREET ADDRESS

CITY-ST-ZIP

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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: *James M. Mummert*  
**J R MUMMERT - VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/2003

(360) 614-8596

Date

Daytime Phone #

CR2E003 (10/02)

0006684 AT