

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # A99000000872

1. Entity Name
BDX LIMITED



FILED

03 APR 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
212 SAGO PALM STREET
PANAMA CITY BEACH FL 32408

Mailing Address
P.O. BOX 1093
PANAMA CITY FL 32402

2. Principal Place of Business

3. Mailing Address

2611 WEST 23rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
PANAMA CITY, FL.

City & State

4. FEI Number 59-3572003

Applied For

Not Applicable

Zip
32405

Country
USA

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

BARRETT, GARY A
212 SAGO PALM STREET
PANAMA CITY BEACH FL 32408

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 GARY A. BARRETT, GENERAL PARTNER 4-2-03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$300.00

10. Amount of Capital Contributions in FLORIDA to date. \$300.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
BARRETT, GARY A
212 SAGO PALM STREET
PANAMA CITY BEACH FL 32408

STREET ADDRESS
CITY-ST-ZIP
2611-D WEST 23rd ST.
PANAMA CITY, FL. 32405

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOW, JERRY A
200 SAGO PALM STREET
PANAMA CITY BEACH FL 32408

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
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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: GARY A. BARRETT 4-2-03 850-763-5417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)