

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013420 AT

DOCUMENT # A99000000956



1. Entity Name
J.A.S.F. LIMITED PARTNERSHIP

FILED
03 MAY -2 PM 7:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 4424 WEST BAY COURT AVENUE TAMPA FL 33611	Mailing Address 4424 WEST BAY COURT AVENUE TAMPA FL 33611
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3586009	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINAN, JOSEPH A 4424 WEST BAY COURT AVENUE TAMPA FL 33611	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$990,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P99000048679 NAME J.A.S.F. INC. STREET ADDRESS 4424 WEST BAY COURT AVENUE CITY-ST-ZIP TAMPA FL 33611	STREET ADDRESS 800017060000 CITY-ST-ZIP 05/02/03--01014--009 **526.25
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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: *Joseph A Finan, President* **JASF INC.** 04-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (10/02)

SAMPLE CHECK HERE