

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

DOCUMENT # B01000000131

1. Entity Name

SPRINGS WINDOW FASHIONS LP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 21 PM 3:56

1/2/24

DO NOT WRITE IN THIS SPACE

200012958882
02/21/03--01045--009 **526.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7549 Graber Road

Suite, Apt. #, etc.

3. Mailing Address

P O Box 111, Tax Department

Suite, Apt. #, etc.

City & State

Middleton, WI

City & State

Lancaster, SC

Zip

53562

Country

USA

Zip

29721-0111

Country

USA

DUE BY MAY 1

4. FEI Number

58-2585823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Anthony J. Thompson

DATE

1/2/24

9. Capital Contributions

as Shown on record

1,118,675

10. Amount of Capital Contributions
in FLORIDA to date.

1,118,675

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

DOCUMENT # F01000001912
NAME SWF, Inc.
STREET ADDRESS 136 Grace Avenue
CITY-ST-ZIP Lancaster, SC 29720

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Timothy L. Thiesfeld*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02-17-03

Date

803/286-2321

Business Phone

CR2E003B (12/02)