

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000052

1. Entity Name
JOSHUA W. LIMITED PARTNERSHIP



Principal Place of Business
THE CORPORATION TRUST COMPANY
1209 ORANGE ST., THE CORP. TRUST CENTER
WILMINGTON DE 19801

Mailing Address
C/O MY FAMILY, INC.
101 CHARLOIS BLVD., SUITE 102
WINSTON-SALEM NC 27103

FILED
03 APR 30 AM 5:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3399376

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

REGISTER, WILLIAM P
804 QUEENS HARBOUR BLVD.
JACKSONVILLE FL 32225

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. \$7,950,000.00

10. Amount of Capital Contributions in FLORIDA to date. 0.00

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 # F97000000517
NAME SKEETIE K, INC.
STREET ADDRESS 101 CHARLOIS BLVD., SUITE 102
CITY-ST-ZIP WINSTON-SALEM NC 27103

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

SKEETIE K. INC.,

SIGNATURE: *Heather Daniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Heather Daniel, Assistant Secretary

04-24-03

(336) 760-9002

Date

Daytime Phone #

CR2E003 (10/02)