

2001 UNIFORM BUSINESS REPORT (UBR)

0018131 AF

DOCUMENT # B98000000644

1. Entity Name

PADUA STABLES, L.P.

FILED 4/25/01
01 APR 27 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
15400 SOUTH US HIGHWAY 301
SUMMERFIELD FL 34491

Mailing Address
P.O. BOX 1260
SUMMERFIELD FL 34492-1260

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3500568

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

SANAN, NADIA ANNE
15400 SOUTH US HIGHWAY 301
SUMMERFIELD FL 34491

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,000.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

11. MAKE CHECK PAYABLE TO 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 # F98000006132
NAME PADUA STABLES, INC.
STREET ADDRESS 15400 SOUTH US HIGHWAY 301
CITY-ST-ZIP SUMMERFIELD FL 34491

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nadia A. Sanan 4/20/01 (352) 307-8082

Date Daytime Phone #

CP2E003 (11/00)