

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016167 AT

DOCUMENT # B98000000644



1. Entity Name
PADUA STABLES, L.P.

FILED
03 APR 30 AM 10:33

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

Mailing Address
P.O. BOX 1280
SUMMERFIELD FL 34492-1280

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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. 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.

\$2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

-0-

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

STREET ADDRESS 100017582411
04/30/03-01072-010 **141.25

CITY-ST-ZIP

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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:

Nadia A. Sanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nadia A. Sanan

4/22/03

(352) 307-8082

Date

Daytime Phone #

002E003 (10/02)

STAPLE CHECK HERE