

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90084 049 ***150.00

DOCUMENT # P02000023813

1. Entity Name

PARTNERS UNLIMITED OF FLORIDA, INC.



Principal Place of Business

1735 COLONIAL DRIVE
GREEN COVE SPRINGS FL 32043

Mailing Address

1735 COLONIAL DRIVE
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

8200 A1A SOUTH
Suite, Apt. #, etc.
#25

3. Mailing Address

P.O. Box 60244
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
St Augustine Florida

City & State
JACKSONVILLE FL

4. FEI Number
45-0471560

Applied For
Not Applicable

Zip
32080

Country
USA

Zip
32236

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLENBURG, JOHN M JR
1735 COLONIAL DRIVE
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name
John M. ELLENBURG, JR.
Street Address (P.O. Box Number is Not Acceptable)
8200 A1A SOUTH
#25
City
St Augustine FL Zip Code
32080

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLENBURG, JOHN M JR 1735 COLONIAL DRIVE GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ELLENBURG, NATHALEA T 1735 COLONIAL DRIVE GREEN COVE SPRINGS FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 8200 A1A SOUTH #25 St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST 8200 A1A SOUTH #25 St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NATHALEA T. ELLENBURG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

904-461-5062

Daytime Phone #

CR2E034 (10/02)