

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A 27304**

1. Entity Name
SHOPPER'S SQUARE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business Mailing Address
3006 SWANN AVE 3006 SWANN AVE
TAMPA, FL 33609 TAMPA, FL 33609

2. Principal Place of Business 3. Mailing Address
3006 SWANN AVE 3006 SWANN AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA, FL TAMPA, FL
Zip Country Zip Country
33609 USA 33609 USA

4. FEI Number Applied For
59-2935297 Not Applicable

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

6. Name and Address of Current Registered Agent
RANALD STEWART JR
3006 SWANN AVENUE
TAMPA, FL 33609

7. Name and Address of New Registered Agent
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. **19500** 10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY-ST-ZIP	RANALD STEWART JR 3006 SWANN AVE TAMPA, FL 33609	STREET ADDRESS CITY-ST-ZIP	500003230395--5 -05/01/00--01012--014 ****141.25 ****141.25
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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: **R. Stewart** 4/12/00 813-354-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)