


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008376 AT

DOCUMENT # **A02000000658**

1. Entity Name
BUY THE SLICE, LTD.

Name Change Amendment
6/17/03 To
Zabella, Ltd.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 3:39

Principal Place of Business
**4494 JOHN YOUNG PARKWAY
ORLANDO FL 32804**

Mailing Address
**4494 JOHN YOUNG PARKWAY
ORLANDO FL 32804**



2. Principal Place of Business
4494 N. John Young Parkway
Suite, Apt. #, etc.

3. Mailing Address
4494 N. John Young Parkway
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32804

Country
USA

Zip
32804

Country
USA

4. FEI Number
04-3661293

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHAVER, DONALD
4494 JOHN YOUNG PARKWAY
ORLANDO FL 32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald E Shaver* DATE **4-28-03**

Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	P98000090196
NAME	HSS PROPERTIES, INC.
STREET ADDRESS	4494 JOHN YOUNG PARKWAY
CITY-ST-ZIP	ORLANDO FL 32804
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300021181793 06/30/03--01004--013 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Donald E Shaver* **REQUIRED** DATE: **4-28-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CPRE003 (10/02)

STAPLE CHECK HERE