

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22026**

1. Entity Name

**2ND STREET STOR-ALL OF DELRAY, LTD.**

Principal Place of Business  
1375 W. HILLSBORO BLVD  
DEERFIELD BEACH FL 33442

Mailing Address  
1375 W. HILLSBORO BLVD  
DEERFIELD BEACH FL 33442-1719

FILED

00 FEB 11 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2620989**

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

**ANDERSON, JEFFREY M**  
**1396 PATRIDGE PL**  
**BOYNTON BEACH FL 33436**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$130,000.00**

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  
**ANDERSON, NORMAN E**  
**1301 PARTRIDGE PLACE**  
**BOYNTON BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

**33436**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ANDERSON, JEFFREY M**  
**1396 PARTRIDGE PLACE N.**  
**BOYNTON BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

**33436**

DOCUMENT #  
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STREET ADDRESS

CITY - ST - ZIP

**500003152015-3**  
**-02/29/00--01081--011**  
**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

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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:

**NORMAN E. ANDERSON**  
**SIGNATURE REQUIRED**  
**General Partner**

Date

Daytime Phone #

**Feb 8, 2000 954 421-7888**

CR2E003 (9/99)