

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22444**

1. Entity Name

CONTINENTAL SOAP'S LTD.

FILED

00 MAY -2 PM 4: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business P.O. BOX 10 NAPLES FL 34106	Mailing Address P.O. BOX 10 NAPLES FL 34106-0010
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2682616	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRADY, THOMAS R.
720 5TH AVE. S.
STE. 200
NAPLES FL 34102**

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. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	J14239 CONTINENTAL SOAP'S INC. 3411 TAMiami TR. N., #200 NAPLES FL	STREET ADDRESS	
		CITY - ST - ZIP	000003287190--7
			-06/13/00--01066--010
			****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J16307 CONTINENTAL PROGRAMS INC. 3411 TAMiami TR. N., #200 NAPLES FL	STREET ADDRESS	
		CITY - ST - ZIP	
		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: Thomas R. Grady Thomas R. Grady 4/26/00 941-261-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)