

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
**3006 SWANN AVE
TAMPA, FL 33609**

Mailing Address
**3006 SWANN AVE
TAMPA, FL 33609**

2. Principal Place of Business
3006 SWANN AVE

3. Mailing Address
3006 SWANN AVE

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33609 Country
USA

Zip
33609 Country
USA

4. FEI Number
59-2935297

Applied For
☐ 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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		CITY-ST-ZIP	
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		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: **R. Stewart** **4/12/00** **813-354-8450**

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

CR2E003 (9/99)