

2000 UNIFORM BUSINESS REPORT (UBR)

0030721 11/03/99

DOCUMENT # A31517
 1. Entity Name
SHINER'S PARTNERS III, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2917 W. SR 434 2917 W. SR 434
 SUITE 111 SUITE 111
 LONGWOOD FL 32779 LONGWOOD FL 32779

2. Principal Place of Business 3. Mailing Address
205 S. Hwy. 17-92
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Longwood, FL

4. FEI Number Applied For
59-3065064 Not Applicable

Zip Country Zip Country
32750 **U.S.**

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

6. Name and Address of Current Registered Agent
OSWALD, KENNETH F
600 COURTLAND STREET, SUITE 110
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,500.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,500.00** 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	
DOCUMENT #	J65951
NAME	SHINER'S, INC.
STREET ADDRESS	2917 WEST S.R. 434, SUITE 111
CITY - ST - ZIP	LONGWOOD FL 32779
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
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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: **SIGNATURE REQUIRED Theodore Burton, IV** **4/14/00** **407-786-0186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)