

2000 UNIFORM BUSINESS REPORT (UBR)

0020070 A

DOCUMENT # A33333

1. Entity Name

DOWN TO EARTH, LTD.

FILED

00 JAN 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business D/B/A WEBSTER WESTSIDE FLEA MARKET 6373 SO. SUNCOAST BLVD HOMOSASSA FL 34446	Mailing Address D/B/A WEBSTER WESTSIDE FLEA MARKET 6373 SO. SUNCOAST BLVD HOMOSASSA FL 34446-3005
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3136085	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUSHMAN, THOMAS R. 6373 SO. SUNCOAST BLVD. HOMOSASSA FL 34446
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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. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$30,000.00	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 #	V09925	STREET ADDRESS	
NAME	BACK ONTO BASICS, INC.	CITY - ST - ZIP	
STREET ADDRESS	6373 SO. SUNCOAST BLVD	STREET ADDRESS	800003099728--4
CITY - ST - ZIP	HOMOSASSA FL 34446	CITY - ST - ZIP	-01/14/00--01098--017
DOCUMENT #		STREET ADDRESS	****298.75 ****298.75
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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. CUSHMAN
PRES. of GEN. PTR. 1/7/00 352-628-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)