

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33333

1. Entity Name

DOWN TO EARTH, LTD.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

4. FEI Number 59-3136085 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUSHMAN, THOMAS R.
6373 SO. SUNCOAST BLVD.
HOMOSASSA FL 34446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 \$30,000.00 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 | BACK ONTO BASICS, INC. 6373 SO. SUNCOAST BLVD HOMOSASSA FL 34446 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 700003654127-7 -02/08/01-01070 000 ****298.75 ****298.75 |
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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.

BACK ONTO BASICS, INC. By: THOMAS R. CUSHMAN, PRES.

SIGNATURE: *Thomas R. CUSHMAN* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/19/01 352-618-4705

Date

Daytime Phone #