

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000284

1. Entity Name S-B PROPERTIES NO. 3, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33

Principal Place of Business Mailing Address  
1123 Overcash Dr. 1123 Overcash Dr.  
Dunedin, FL 34698 Dunedin, FL 34698

2. Principal Place of Business 3. Mailing Address  
1123 Overcash Dr. 1123 Overcash Dr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
Dunedin, FL Dunedin, FL 39-1753537 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
34698 Pinellas 34698 Pinellas Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
HUDOBA, STEPHEN M. Name  
HILL, WARD & HENDERSON, P.A. Street Address (P.O. Box Number is Not Acceptable)  
101 EAST KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions 1.00 10. Amount of Capital Contributions 1.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
as Shown on record. in FLORIDA to date. 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	A32131 Schmidt Investments Limited 330 E. Kilbourn Ave. Milwaukee, WI 53202	STREET ADDRESS	
		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: Elizabeth H. Hester - Director of Finance - 5/10/00 727-733-7585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)