

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000322

1. Entity Name

SCHWEIZER & SCHWEIZER LIMITED PARTNERSHIP

Principal Place of Business

600 S. BARRACKS. #210
PENSACOLA FL 32501

Mailing Address

PO DRAWER 12684
PENSACOLA FL 32574-2684

2. Principal Place of Business

4 LAGUNA STREET

Suite, Apt. #, etc.

SUITE 201

3. Mailing Address

P.O. BOX 4941

Suite, Apt. #, etc.

City & State

FWB FLA

Zip

32548

Country

USA

City & State

FWB FLA

Zip

32549

Country

USA

4. FEI Number

59-3238704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIZER, WILLIAM T

600 S. BARRACKS ST., #210

PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

WILLIAM T. SCHWEIZER

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

4 LAGUNA STREET

SUITE 201

City

FWB

FL

Zip Code

32548

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
as Shown on record.

\$1,000.00

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

DOCUMENT # P97000095803
NAME SHUANEY CORPORATION
STREET ADDRESS 600 S. BARRACKS STREET, SUITE 210
CITY - ST - ZIP PENSACOLA FL 32501

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

4 LAGUNA STREET SUITE 201

CITY - ST - ZIP

FWB FLA 32548

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-10-2000

Date

850 301 0179

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 6:34



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)