

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018057 AF

DOCUMENT # **A94000000322**

1. Entity Name

SCHWEIZER & SCHWEIZER LIMITED PARTNERSHIP

01 FEB 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH FL 32548**

Mailing Address
**P.O. BOX 4941
FORT WALTON BEACH FL 32549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

4. FEI Number 59-3238704	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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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	
SCHWEIZER, WILLIAM T 4 LAGUNA STREET, SUITE 201 FORT WALTON BEACH FL 32548	

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. \$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
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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 #	P97000095803	STREET ADDRESS	
NAME	SHUANAY CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	4 LAGUNA STREET, SUITE 201		
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		
DOCUMENT #		STREET ADDRESS	800003718808--5
NAME		CITY-ST-ZIP	-02/13/01--01120--018
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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

2-1-01

850 301 0179

Date

Daytime Phone #

CR2E003 (11/00)