

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000479**

1. Entity Name

Shellhouse Family Limited Partnership

02 APR 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

133 NE 19th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 700906

Suite, Apt. #, etc.

40 Sharon Shellhouse

City & State

Homestead, FLA

City & State

Miami, FLA

Zip

33030

Country

USA

Zip

33170-0906

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

65-0578276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sharon P. Shellhouse

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

133 NE 19th St.

City

Homestead

FL

Zip Code

33030

**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

Sharon P. Shellhouse Sharon P Shellhouse 4-22-02

DATE

9. Capital Contributions
as Shown on record.

200,000.00

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 #	P94000012227	STREET ADDRESS	
NAME	BUY HARRIS, INC	CITY - ST - ZIP	
STREET ADDRESS	133 NE 19th St		
CITY - ST - ZIP	Homestead, FLA 33030		
DOCUMENT #		STREET ADDRESS	000005451420-3
NAME		CITY - ST - ZIP	-05/03/02--01105--021
STREET ADDRESS			*****526.25 *****526.25
CITY - ST - ZIP			
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**DO NOT WRITE
IN THIS SPACE**

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:

Dalton Shellhouse

Dalton Shellhouse

Director

Date

4-22-02

Daytime Phone #

3059464034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE