2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		00001378				
37839 COUNTY ROAD 54 TI ZEPHYRHILLS FL 33541 10		10912 NORTH 56TH STRE	Mailing Address TEMPLE TERRACE VILLAGE 10912 NORTH 56TH STREET TEMPLE TERRACE FL 33617-3004			
Principal Place of Business Address Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	_
City & State		City & State .	City & State		4. FEI Number 59-3430489 Applied For Not Applicable]
Zip Country		Zip	Country	у	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Sent	4
	•		-	Name .		1-
GOSS, JAMES C				Street Address (P.O. Box Number is Not Acceptable)		
37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541			-			
ZEPRITAN	IILLO FL 33341		<u> </u>		75. 6	4
				City	ZipCode]
8. The above	named entity submits this statement for	or the purpose of changing its	registered	l office or register	red agent, or both, in the State of Florida.	
SIGNATURE .	Speaking hand as printed name of reportant agent	t and title if applicable (NOTE	- Registered I	Agent signature required	d when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 9. Capital Contributions \$25,000.00 10. Amount of Capital Contributions					11. MAKE CHECK PAYABLE TO DEPT. OF STATE	1
as Shown o	on record.	in FLORIDA to da			SEE REVERSE SIDE FOR FEE INFORMATION	-
	A GENERAL PARTNER NOTE: General Partners Ma	THAT IS A BUSINESS EN AY NOT be changed on th	TITY MU 1e form;	ST BE REGIST an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY	
DOCUMENT #	P96000057619			ADDRESS	,	
NAME CTDCCT ADODESC	CENTRAL EQUITIES, INC. 37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541				~~2000032887,92_{7,5}7	- 2
STREET ADDRESS CITY - ST - ZIP			CTY-S	T-ZIP	-06/14/0001060015	0F.7
DOCUMENT#			CTREET	ADORESS	****263.75 ****263.75	ñ
NAME			0,,22.			-
STREET ADDRESS CITY - ST - ZIP			CITY-S	T-ZIP		
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STREET ADDRESS CITY - ST - ZIP			спу-ѕ	:T-ZIP	175,00	
DOCUMENT#			STREET	ADDRESS		1
NAME Street address			CITY-S	ST - ZIP		1
CITY-\$T-ZIP					<u> </u>	-
NAME			STREET	ADDRESS		
STREET ADDRESS			CITY-S	T-ZIP		
CITY - ST - ZBP DOCUMENT #			STREET	ADDRESS		-
			A CHARLE			_
NAME Street Address			OES/ O	T_7D		
STREET ADDRESS CITY - ST - ZIP			CITY-S		ection 119.07(3)(i), Florida Statutes. I further certify that the information	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

4-20-2000

813-984-1533