

2000 UNIFORM BUSINESS REPORT (UBR)

14125

0020747 11P

DOCUMENT # A97000002520

1. Entity Name

SHINER'S ONE STOP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

mf

Principal Place of Business

2917 WEST S.R. 434
LONGWOOD FL 32779

Mailing Address

2917 WEST S.R. 434
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3480186

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F
600 COURTLAND STREET, SUITE 110
ORLANDO FL 32804

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. \$300.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000092148	STREET ADDRESS	
NAME	SHINER'S ONE STOP, INC.	CITY - ST - ZIP	
STREET ADDRESS	2917 WEST S.R. 434		
CITY - ST - ZIP	LONGWOOD FL 32779		
DOCUMENT #		STREET ADDRESS	800003239888 - - 7
NAME		CITY - ST - ZIP	-05/04/00--01084--016
STREET ADDRESS			****141.25 ****141.25
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date 4/10/00 **Daytime Phone #** 407.298.8540

CP2E003 (9/99)