

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001165**

1. Entity Name
FLORIDA ONE STOP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business
**15436 N. FLORIDA AVE., SUITE 101
TAMPA FL 33613**

Mailing Address
**15436 N. FLORIDA AVE., SUITE 101
TAMPA FL 33613-1225**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number APPLIED FOR 59-3510726		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BUNDSCHU, CHRIS 5900 ENTERPRISE PARKWAY TAMPA FL 33905				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. **\$1,076,900.00** 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 #	P96000061974	STREET ADDRESS	
NAME	CORO INVESTMENTS OF HILLSBOROUGH COUNTY IN	CITY - ST - ZIP	
STREET ADDRESS	13902 N. DALE MABRY HWY., SUITE 165		
CITY - ST - ZIP	TAMPA FL 33618		
DOCUMENT #	P990000081951	STREET ADDRESS	
NAME	FLORIDA ONE STOP EQUITIES CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	5900 ENTERPRISE PARKWAY		
CITY - ST - ZIP	FT. MYERS FL 33905		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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** Chris Bundschu 4.21.00 941-693-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

L. 09671 JY
CF21 0013 (FORM 0)