

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001037**

1. Entity Name

**INTERSHOPZ.COM LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

854 NORMANDY TRACE  
TAMPA FL 33605 **33602**

Mailing Address

854 NORMANDY TRACE  
TAMPA FL 33602-5923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**854 NORMANDY TRACE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

**33602**

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHARMAN, JOHN**  
**854 NORMANDY TRACE**  
**TAMPA FL 33605 33602**

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

*John Charman*

**4/30/2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$800.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$ 800**

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 #	<b>F10203</b>
NAME	<b>ESTEPONA INVESTMENTS, INC.</b>
STREET ADDRESS	<b>854 NORMANDY TRACE</b>
CITY - ST - ZIP	<b>TAMPA FL 33605</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA, FL 33602</b>
STREET ADDRESS	
CITY - ST - ZIP	<b>200003290532--3</b>
STREET ADDRESS	<b>06/15/00-01032-018</b>
CITY - ST - ZIP	<b>****150.00 ****150.00</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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

*John Charman* PRES ESTEPONA INVESTMENTS INC

GENERAL PARTNER

Date

**4/30/2000**

Daytime Phone #

12-00000