

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002163

1. Entity Name

THREE-IN-ONE ENTERPRISES, LTD.

FILED

00 MAY 10 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7076 NE ROAN ST
ARCADIA, FL 34266

Mailing Address

7076 NE ROAN ST
ARCADIA, FL 34266

2. Principal Place of Business

7076 NE ROAN ST
Suite, Apt. #, etc.

3. Mailing Address

7076 NE ROAN ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ARCADIA, FL

City & State

ARCADIA, FL

4. FEI Number

59-3613802

Applied For

Not Applicable

Zip

Country

34266 ESoto

Zip

Country

34266 ESoto

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARY S. WILSON
7076 NE ROAN ST
ARCADIA, FL 34266

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.

MARY S. WILSON, PRESIDENT

SIGNATURE

Mary S. Wilson, President

3-17-00

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.

400,000
242,404

10. Amount of Capital Contributions in FLORIDA to date.

242,404

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 # A99000002163
NAME ~~MARY S. WILSON~~ MADEBETHRE
STREET ADDRESS 7076 NE ROAN STREET INC
CITY-ST-ZIP ARCADIA, FL 34266

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 300003292003--2
-06/15/00--01105--019
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

MARY S. WILSON, PRESIDENT
General Partner

SIGNATURE:

Mary S. Wilson, President

3-17-00

Date

941-863-494-1721

Daytime Phone #

CR: 003 (1/99)