

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 Mailing Address
7076 NE ROAN ST 7076 NE ROAN ST
ARCADIA, FL 34266 ARCADIA, FL 34266

2. Principal Place of Business 3. Mailing Address
7076 NE ROAN ST 7076 NE ROAN ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
ARCADIA, FL ARCADIA, FL 59-3613802 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34266 DE Soto 34266 DE Soto

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MARY S. WILSON
7076 NE ROAN ST
ARCADIA, FL 34266
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 DATE 3-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
400,000 242,404

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 #	A99000002163	STREET ADDRESS	
NAME	MARY S. WILSON, PRESIDENT	CITY-ST-ZIP	
STREET ADDRESS	7076 NE ROAN STREET		300003292003--2
CITY-ST-ZIP	ARCADIA, FL 34266		-06/15/00--01105--019
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY-ST-ZIP	
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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: MARY S. WILSON, PRESIDENT DATE 3-17-00 DAYTIME PHONE # 941-863-494-1721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR: 003 (1/99)