

A99000002163

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002163

1. Entity Name

THREE-IN-ONE ENTERPRISES, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7076 N.E. ROAN STREET

Suite, Apt. #, etc.

3. Mailing Address

400 NORTH ASHLEY DRIVE

Suite, Apt. #, etc.

#2300, ATT: K. WHEELER

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

ARCADIA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-3613802

Applied For

Not Applicable

Zip

34266

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WILSON, MARY S.

Street Address (P.O. Box Number is Not Acceptable)

7076 N.E. ROAN STREET

City

ARCADIA

FL

Zip Code

34266

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

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

DATE

9. Capital Contributions

as Shown on record. \$400,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$400,000.00

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 #	P99000073727	STREET ADDRESS	300005133413--1
NAME	MADEE THREE, INC.	CITY-ST-ZIP	-03/19/02--01014--039
STREET ADDRESS	7076 N.E. ROAN STREET		****526.25 ****526.25
CITY-ST-ZIP	ARCADIA, FLORIDA 34266		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	BK
STREET ADDRESS			
CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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* Mary S. Wilson, Pres./Gen. Partner

3-11-02

863-494-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)