


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000464 AV

DOCUMENT # A99000002163 1. Entity Name THREE-IN-ONE ENTERPRISES, LTD.	
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FILED

03 APR 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7076 N.E. ROAN STREET ARCADIA FL 34266	Mailing Address ATTN: K. WHEELER 400 NORTH ASHLEY DRIVE. #2300 TAMPA FL 33602
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 59-3613802	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

WILSON, MARY S
7076 N.E. ROAN STREET
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name: WILSON, MARY S
 Street Address (P.O. Box Number is Not Acceptable): 2055 S. FLORIDA AVE, LOT 242
 City: BARTOW FL Zip Code: 33831

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000073727 MADEE THREE, INC. 7076 N.E. ROAN STREET ARCADIA FL 34266
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Bx
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13.	ADDRESS CHANGES ONLY
STREET ADDRESS	2055 S. FLORIDA AVE, Lot 242
CITY-ST-ZIP	BARTOW, FL 33830
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700018672447
CITY-ST-ZIP	05/09/03--01054--006 **526.25
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: Mary S Wilson **DATE:** 4-11-03 **Daytime Phone #:** 863-519-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (10/02)