

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N98000001529****1. Entity Name**  
**ONE-ELEVEN MAIN STREET CORP.****Principal Place of Business**  
1113 OHIO AVENUE  
NO. 204  
DUNEDIN FL 34698**Mailing Address**  
1113 OHIO AVENUE  
NO. 204  
DUNEDIN FL 34698**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**  
**59-3524199****Applied For**  
**Not Applicable**

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**LONG LAURA  
1113 OHIO AVENUE  
NO. 204  
DUNEDIN FL 34698  
US**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** **04/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 34698
VP	LONG LAURA	1113 OHIO AVENUE, NO. 204	DUNEDIN	<input checked="" type="checkbox"/> Delete
D	MCKINNEY L. CREGG	2594 ANDERSON DRIVE WEST	CLEARWATER	<input checked="" type="checkbox"/> Delete
D	MILCHANOWSKI AMY	1361 OHIO AVENUE	DUNEDIN	<input type="checkbox"/> Delete
D	ANDERSON PAUL	3144 CHATWIN AVENUE	LONG BEACH	<input type="checkbox"/> Delete
D	DIDRIKSEN CHUCK	1121 MCFARLAND STREET	DUNEDIN	<input type="checkbox"/> Delete
PSTD	LONG LAURA	1113 OHIO AVENUE, NO. 204	DUNEDIN	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 34698	FL 34698
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MILCHANOWSKI AMY	9580 52ND WAY NORTH	PINELLAS PARK	FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	VIGH MARILYN	1813 ECHO POND PLACE	WESLEY CHAPEL	FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	CASTANEIRA ALFONSO	207 NORTH BAY HILLS BLVD	SAFETY HARBOR	FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** **Laura Long** **PSTD** **04/29/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate Daytime Phone #

CR2E037 (11/00)