

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M84429**

1. Entity Name

**977 NW 19TH AVENUE CORPORATION**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90020 035 \*\*\*150.00

Principal Place of Business

Mailing Address

% HOWARD SKLAR  
 3400 JOHN ANDERSON DR  
 ORMOND BCH FL 32176  
 US

% HOWARD SKLAR  
 3400 JOHN ANDERSON DR  
 ORMOND BCH FL 32176-2112  
 US

2. Principal Place of Business

3. Mailing Address

*P.O. Box 280*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*FLAGLER BEACH FLA*

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32136*

*U.S.*

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

**SKLAR, HOWARD**  
**3400 JOHN ANDERSON DR**  
**ORMOND BCH FL 32176**

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

*Howard Sklar President (New Mailing Address)*

*4-21-00*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SKLAR, HOWARD	
STREET ADDRESS	3400 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Howard Sklar President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-21-00 904 445-4081*

Date

Daytime Phone #

CR2E034 (9/99)