

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024723

1. Entity Name

GARY RELKEN & ASSOCIATES, INC.

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90015 039 \*\*\*550.00

Principal Place of Business

1610 N. MYRTLE AVE.  
CLEARWATER FL 33755

Mailing Address

1824 AUDREY DR  
CLEARWATER FL 33759-1701

2. Principal Place of Business

1824 AUDREY DR.

Suite, Apt. #, etc.

3. Mailing Address

1824 AUDREY DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FLORIDA

Zip

33759-1701

Country

City & State

CLEARWATER, FLORIDA

Zip

33759-1701

Country

4. FEI Number

59-3519623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRY, CHARLES  
1100 CLEVELAND ST.  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RELKIN, GARY  
CITY-ST-ZIP 1824 AUDREY DR.  
CLEARWATER FL 33759

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RELKIN, NANCY  
CITY-ST-ZIP 1824 AUDREY DR.  
CLEARWATER FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY RELKIN

Date

6-26-00

Daytime Phone #

727-726-8092

2E034 (1/1)