

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 8:00 am**
Secretary of State

04-18-2000 90236 049 ***150.00

DOCUMENT # P99000104037

Entity Name

URSU CORPORATION

Principal Place of Business

Mailing Address

Ronda Ln.
PORT FL 342871201 RONDA LN.
NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

275 Halloran St.
Suite, Apt. #, etc.275 Halloran St.
Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number

65-0964839

Applied For

Not Applicable

Zip

33953

Country

Port Charlotte

Zip

33953

Country

Port Charlotte

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

URSU, JOHN
1201 RONDA LN.
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name

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

275 Halloran St.

City Port Charlotte

FL

Zip Code 33953

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Pres.
NAME John Ursu
STREET ADDRESS 275 Halloran St.
CITY-ST-ZIP Port Charlotte, FL 33953 ☐ DeleteTITLE Vice Pres.
NAME Victor Ursu
STREET ADDRESS 12120 Capilla Lane
CITY-ST-ZIP North Port, FL 34287 ☐ DeleteTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

4/12/00 941-426-2165

CR2E034 (9/99)