

# 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Howard Sklar President (New Mailing Address)

4-21-00

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  
NAME SKLAR, HOWARD  
STREET ADDRESS 3400 JOHN ANDERSON DR  
CITY-ST-ZIP ORMOND BCH FL 32176

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4-21-00 904 445-4081

CR2E034 (9/99)