

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022257

1. Entity Name
17TH STREET INVESTORS, INC.

Principal Place of Business
12600 S. BELCHER ROAD 104C
LARGO FL 33773

Mailing Address
12600 S. BELCHER ROAD 104C
LARGO FL 33773

2. Principal Place of Business
2435 U.S. HWY 19
Suite, Apt. #, etc.
SUITE 220
City & State
HOLIDAY, FL
Zip
34691
Country
U.S.

3. Mailing Address
2435 U.S. HWY 19
Suite, Apt. #, etc.
SUITE 220
City & State
HOLIDAY, FL
Zip
34691
Country
U.S.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90088 011 ***150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEIGER, WILLIAM Z
12600 S. BELCHER ROAD 104C
LARGO FL 33773

7. Name and Address of New Registered Agent

Name
GEIGER William Z.
Street Address (P.O. Box Number is Not Acceptable)
2435 U.S. HWY 19
Suite 220
City
HOLIDAY FL 34691

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GEIGER, WILLIAM Z
12600 S. BELCHER ROAD 104C
LARGO FL 33773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GEIGER, William Z.
2435 U.S. HWY 19 STE 220
HOLIDAY, FL 34691 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
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)(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 #

0373597

CR2E034 (10/00)