

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 216743

1. Entity Name

COSTA BROOM WORKS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90177 039 ***150.00

Principal Place of Business

Mailing Address

3606 4TH AVE.
P O BOX 5091
TAMPA FL 33605

POST OFFICE BOX 5091
P O BOX 5091
TAMPA FL 33675-5091
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0841671**

Applied For

Not Applicable

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

COSTA, FRANK J
3606 4TH AVENUE
TAMPA FL 33605

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	COSTA, FRANK J	
STREET ADDRESS	123 CHESAPEAKE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTA, MARY S	
STREET ADDRESS	109 CHESAPEAKE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COSTA, CONSTANCE	
STREET ADDRESS	109 CHEAPEAKE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COSTA, JOSEPH F.	
STREET ADDRESS	308 W CHIPPEWA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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)(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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank J Costa **FRANK J COSTA** 4/13/00

CR2E034 (9/99)