

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291542

1. Entity Name

CLEO DEMOTT & ASSOCIATES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90020 039 ***150.00

Principal Place of Business

Mailing Address

3300 NE 36TH ST.
APT 1101
FT. LAUDERDALE FL
US

3300 NE 36TH ST.
APT. 1101
FT. LAUDERDALE FL 33308-6734
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

59-1061269

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

RYAN, JOHN D., CPA
1919 N.E. 45TH ST. #218
FT. LAUDERDALE FL 33309

Name

SHIRLEY F. DAVIS EA

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

70 D.C. ACCOUNTING, INC

1919 N.E. 45 ST SUITE 122

City

FT. LAUDERDALE, FL

FL

Zip Code

33308

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

Shirley F. Davis EA

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

(NOTE: Registered Agent signature required when reinstating)

3/7/2000

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
DEMOTT, CLEO J
3300 NE 36TH ST SUITE 1101
FT LAUDERDALE FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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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:

Cleo J. Demott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLEO J. DEMOTT, Inc.

Date

3/7/2000

Daytime Phone #

954-565-5808

CR2E034 (9/99)