

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291542

1. Entity Name

CLEO DEMOTT & ASSOCIATES, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90194 045 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

5327 SW 88th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLEO DEMOTT

City & State

City & State

GAINESVILLE, FL

Zip

Country

Zip

Country

32618 - ALACHUA

6. Name and Address of Current Registered Agent

DAVIS, SHIRLEY F
1919 N.E. 45TH ST. #218
%1919 NE 45TH ST - STE 122
FT. LAUDERDALE FL 33309

RICHARD

7. Name and Address of New Registered Agent

Name JAGUSZTYN, JAGUSZTYN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
701 E. COMMERCIAL BLVD
SUITE 200
City FT. LAUDERDALE, FL Zip Code 33334

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

RICHARD JAGUSZTYN

1/22/01

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 PD
NAME DEMOTT, CLEO J
STREET ADDRESS 3300 NE 6TH ST SUITE 1101
CITY-ST-ZIP FT LAUDERDALE FL ☒ 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 PD
NAME DEMOTT, CLEO J.
STREET ADDRESS 5327 S.W. 88th Ct.
CITY-ST-ZIP GAINESVILLE, FL 32618 ☒ 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

CLEO J DEMOTT

Date

Daytime Phone #

1/22/01 954-491-1065x2

352-372-8874

CR2E034 (10/00)