

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 330119

1. Entity **ST. ONGE MARKET - INC**
~~ST. ONGE MARKET INC~~
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Principal Place of Business **HORSE SOUND FL 33475**
Mailing Address **HORSE SOUND FL 33475**

FILED
00 MAR -1 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business **HORSE SOUND**
Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 3045**
Suite, Apt. #, etc.

City & State **FLORIDA SOUND, FL**
Zip **33475** Country **US**

City & State **HORSE SOUND FL**
Zip **33475** Country **US**

DO NOT WRITE IN THIS SPACE
54-123-0072

6. Name and Address of Current Registered Agent
DONALD G. SAINT-ONGE
1760 S.W. DIXIE HWY
HORSE SOUND, FL - 33475

4. FEI Number **54-123-0072**
Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DONALD G. ST. ONGE	
STREET ADDRESS	5040 N.E. OCEAN BLVD	
CITY - ST - ZIP	STUART - FL - 34996	
TITLE	SEC TREAS.	<input type="checkbox"/> Delete
NAME	SANARA W. ST. ONGE	
STREET ADDRESS	5040 N.E. OCEAN BLVD - G	
CITY - ST - ZIP	STUART - FL - 34996	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DONALD G. ST. ONGE JR.	
STREET ADDRESS	8366 S.E. SAMUELSON DR	
CITY - ST - ZIP	HORSE SOUND, FL - 33475	
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"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE: **Donald G. St. Onge** - DONALD G. ST. ONGE - FEB-3-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)