## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # 365719** A & S SELTZER, INC. 01-24-2000 90271 013 \*\*\*150.00 Principal Place of Business Mailing Address 6348 41ST AVE. N. 6348 41ST AVE. N. ST. PETERSBURG FL 33709-4832 ST. PETERSBURG FL 33709 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1296763 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EINSTEIN, SAM Street Address (P.O. Box Number is Not Acceptable) 6348 41 AVE N ST PETERSBURG FL 33709 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME LEVY, STANLEY I NAME STREET ADDRESS STREET ADDRESS 5210 W. NEPTUNE WAY CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Change Addition ☐ Delete TITLE TITLE NAME EINSTEIN, SAM NAME STREET ADDRESS 6348 41ST AVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 ☐ Delete ☐ Change Addition TITLE TITLE DEVITO, ELAINE M NAME NAME STREET ADDRESS -134-97 BINGLEWOOD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33776 Change ☐ Addition Delete TITLE TITLE NAME EINSTEIN, ADELE STREET ADDRESS STREET ADDRESS 6348 41ST AVE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 ☐ Delete ☐ Change Addition ST TITLE TITLE LEVY, HARRIET NAME STREET ADDRESS STREET ADDRESS 6358 41ST AVE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE NAME MOSES, SHELLEY TOBY NAME

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 with an address, with at other like empowered. changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

6348 41ST AVE NORTH

ST PETERSBURG, FL 00000

STREET ADDRESS

CITY-ST-ZIP