

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 449769

1. Entity Name

FLORIDA WATCH & JEWELERS SUPPLY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90085 010 ***150.00

Principal Place of Business

Mailing Address

2828 CENTRAL AVENUE

P. O. BOX 14533

ST. PETERSBURG FL 33733

2828 CENTRAL AVENUE

P. O. BOX 14533

ST. PETERSBURG FL 33733-4533

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

59-1524044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HELFAND, ARLEN B.
6521 30TH AVENUE
ST. PETERSBURG FL 33710

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P ☐ Delete
HELFAND, ARLEN B.
6521 30TH AVE. N.
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD ☐ Delete
HELFAND, NORMAN
6521 30TH AVE. N.
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD ☐ Delete
HELFAND, ANITA
6521 30TH AVE. N.
ST. PETERSBURG FL

TITLE
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CITY - ST - ZIP

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☐ 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:

Arden B. Helfand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2FR34 10/00