

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 10, 2000 8:00 am  
Secretary of State

02-10-2000 90020 006 \*\*\*150.00

DOCUMENT # 609813

1. Entity Name  
CENTRAL FLORIDA BOX CORPORATION

Principal Place of Business Mailing Address  
4535 34TH ST 4535 34TH ST  
ORLANDO FL 32811 ORLANDO FL 32811-6449

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 59-1887833 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

RAMSEY, THOMAS A  
735 LAKE HIAWASSEE DR  
ORLANDO FL 32811

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

T RIVERA, EDELMIRO 6842 LIVINGSTON ST ORLANDO FL	<input checked="" type="checkbox"/> Delete
PD RAMSEY, THOMAS 742 LAKE HIAWASSEE DRIVE ORLANDO FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

ALISA HOSKINS 1010 RED DANDY DR. ORLANDO, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V-P SALES JEFFREY RAMSEY 735 LAKE HIAWASSEE ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V-P MARKETING CHARLES HYNES 7300 WEST POINTE BLVD #720 ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V-P PRODUCTION JOSEPH MAGLIARO 7861 ST. ANDREWS CIR ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/3/00 407-841-0147  
Date Daytime Phone #

CR2E034 (9/99)