

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 677739

1. Entity Name

BUDDY VERDI REALTY & MORTGAGE CORP.

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

04-12-2000 90178 027 ***150.00

Principal Place of Business

Mailing Address

1437 GULF TO BAY BLVD
SUITE 2
CLEARWATER FL 34615
US

1437 GULF TO BAY BLVD. #2
CLEARWATER FL 33755-5321

2. Principal Place of Business

1437 Gulf to Bay Blv.

3. Mailing Address

Suite, Apt. #, etc.

Suite 2

City & State

Clearwater, Fl

4. FEI Number

59-2041772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERDI, JOSEPH P. "BUDDY"
1437 GULF TO BAY BOULEVARD, #2
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name

Verdi, Joseph P. "Buddy"

Street Address (P.O. Box Number is Not Acceptable)

1437 Gulf to Bay Blv, Suite 2

City

Clearwater

FL

Zip Code
33755

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	PD	<input type="checkbox"/> Delete
NAME	VERDI, JOSEPH P.	
STREET ADDRESS	1437 GULF TO BAY BLVD #2	
CITY-ST-ZIP	CLEARWATER FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Metzler, Harriette B.	
STREET ADDRESS	1437 Gulf to Bay Blv., Suite 2	
CITY-ST-ZIP	Clearwater, Fl 33755	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)