

2000 UNIFORM BUSINESS REPORT (UBR)

0005956

DOCUMENT # 691633

1. Entity Name

SOMERSET EQUITIES CORP.

FILED

00 MAY -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11742



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2 EATON STREET, SUITE #1100
HAMPTON VA 23669

2 EATON STREET, SUITE #1100
HAMPTON VA 23669-4094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2184355

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KELLY, WILLIAM
6301 BISCAYNE BLVD.
SUITE 100
MIAMI FL 33138

Name

Gail Bronson

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

6301 Biscayne Blvd.

Suite 100

City

Miami

FL

Zip Code

33138

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 DC
NAME JOSEPH, EDWIN A
STREET ADDRESS 2 EATON STREET #1100
CITY-ST-ZIP HAMPTON VA

☐ Delete

TITLE P
NAME LAYNE, AUBREY L JR
STREET ADDRESS 2 EATON STREET, SUITE 1100
CITY-ST-ZIP HAMPTON VA 23669

☐ Delete

TITLE
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100003259661-0
-05/13/00--01091--003
****450.00 ****150.00

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CITY-ST-ZIP

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aubrey L. Layne, President

CR2E034 (9/99)