

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846593

1. Entity Name

NERO'S OF OCALA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90099 040 ***150.00

Principal Place of Business Mailing Address
 311 SW COLLEGE RD 2413 NE 19TH DR.
 OCALA FL 34472 6419 NEWBERRY ROAD
 US GAINESVILLE FL 32609-3320
 US

2. Principal Place of Business 3. Mailing Address
 3100 SW COLLEGE RD 2413 NE 19TH DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 OCALA, FL GAINESVILLE, FL
 Zip Country Zip Country
 34472 32609

4. FEI Number 59-2066378 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
 D'ALTO PAUL
 6419 NEWBERRY ROAD,
 GAINESVILLE FL 32605
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 3005 SW 70TH LANE
 City GAINESVILLE FL 32608

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 _____ (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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALTO, ANTHONY		NAME		
STREET ADDRESS	47 CHARCOAL HILL RD.		STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT		CITY-ST-ZIP	06880	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALTO, PAUL		NAME		
STREET ADDRESS	6419 NEWBERRY RD.		STREET ADDRESS	3005 SW 70TH LANE	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 _____ H-4-00 352-372-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 103

CR2E034 (9/99)