2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45433

1. Entity Name

ANCIENT CITY REALTY, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State
03-09-2000 90108 014 ***150.00

Principal Place of Business	Mailing Address
4110 S. FLA AVE STE B-1 LAKELAND FL 33813 US	P. O. BOX 58041 ST. PETERSBURG FL 33715-8041 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5623 U.S. Hwy 19		P.O. Box 58041	
Suite, Apt. #, etc.: Suite 217-A		Suite, Apt. #, etc.: ST. Pete, FlA.	
City & State: New Port Richey, FlA.		City & State: ST. Petersburg, FlA.	
Zip: 34652	Country: PASCO	Zip: 33715	Country: Pinellas

4. FEI Number 59-2149535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RAYMOND C
4110 S. FLA AVE., STE B-1
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD CLARK, RAYMOND C 4110 S. FLA AVE., STE B-1 LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] 3/7/00 727-560-4163 727-865-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #