

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F51452**

1. Entity Name

Apollo Beach Shopping Center

Principal Place of Business

Mailing Address

↓

Same

6418 US 41 N Suite 264 Apollo Beach FL 33572

2. Principal Place of Business

3. Mailing Address

Apollo Beach Shopping Center Albert R Barnes Sr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6418 US 41 N Suite 264

238 Lakewood Dr.

City & State

City & State

Apollo Beach

Morgan Town WV.

Zip

Country

Zip

Country

26508

Monongahela

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Barnes Sr. Albert R.
6418 US 41 N STE 264
Apollo Beach FL 33572**

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

TITLE	ST.	<input type="checkbox"/> Delete
NAME	Barnes Mary K	
STREET ADDRESS	6418 US 41 N STE 264	
CITY-ST-ZIP	Apollo Beach FL 33572	
TITLE	P	<input type="checkbox"/> Delete
NAME	Barnes Mary K Albert R.	
STREET ADDRESS	6418 US 41 N STE 264	
CITY-ST-ZIP	Apollo Beach FL 33572	
TITLE	P	<input type="checkbox"/> Delete
NAME	Barnes Albert R Sr.	
STREET ADDRESS	238 Lakewood Dr.	
CITY-ST-ZIP	Morgan Town WV 26508	
TITLE	P	<input type="checkbox"/> Delete
NAME	Barnes Mary K.	
STREET ADDRESS	238 Lakewood Dr.	
CITY-ST-ZIP	Morgan Town WV 26508	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Albert R Barnes Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

1-314-594-0847

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90050 029 ***150.00

A0035472

DO NOT WRITE IN THIS SPACE

16-9263841

4. FEI Number

Not Applicable

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required