

2000 UNIFORM BUSINESS REPORT (UBR)

2/9

FILED
May 01, 2000 8:00 am
Secretary of State

02-09-2000 90083 009 ***150.00

DOCUMENT # F97000006593

1. Entity Name

5155 ISLA KEY BLVD., INC.

Principal Place of Business

Mailing Address

ONE BEACH DRIVE SE, STE 220
 ST PETERSBURG FL 33701

ONE BEACH DRIVE SE, STE 220
 ST PETERSBURG FL 33701-3952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0178395

APPLIED FOR

Applied For

Not Applied

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

ROBERGE, THOMAS C
 ONE BEACH DRIVE SE, STE 220
 ST PETERSBURG FL 33701

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

TITLE PCD ☐ Delete
 NAME DUCLOS, ALAIN
 STREET ADDRESS ONE BEACH DRIVE SE, STE 220
 CITY-ST-ZIP ST PETERSBURG FL

TITLE VSD ☐ Delete
 NAME DUCLOS, EVELYN
 STREET ADDRESS ONE BEACH DRIVE SE, STE 220
 CITY-ST-ZIP ST PETERSBURG FL

TITLE TD ☐ Delete
 NAME DUCLOS, BRIGITTE
 STREET ADDRESS ONE BEACH DRIVE SE, STE 220
 CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ ***
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ ***
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ ***
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TITLE ☐ Change ☐ ***
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 CITY-ST-ZIP

TITLE ☐ Change ☐ ***
 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS C. ROBERGE, REG'D AGENT

1/31/00

727 822 9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #