

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000604

1. Entity Name

DEFINITION LTD., INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90096 005 ***158.75

Principal Place of Business

Mailing Address

~~238 WILSHIRE BLVD., STE 150~~
CASSELBERRY FL 32707

~~238 WILSHIRE BLVD., STE 150~~
CASSELBERRY FL 32707-5362

2. Principal Place of Business

242 WILSHIRE BLVD

Suite, Apt. #, etc.

3. Mailing Address

242 WILSHIRE BLVD

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. FEI Number

75-2293489

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

KIEFNER, CHARLES

~~238 WILSHIRE BLVD STE 150~~ 242 WILSHIRE BLVD
CASSELBERRY FL 32707

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 CHARLES KIEFNER

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 NAME STREET ADDRESS CITY-ST-ZIP	DCPS KIEFNER, CHARLES 238 WILSHIRE BLVD CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KREITMAN, ALAN 215 WESTMINSTER RD WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT JONES, AL 22 MALVERNE LANE STONY BROOK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUNER, WILLIAM B 425 SEARIEW AVE PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONNA L. ANDERSON 797 N. HIGH RD PALM SPRINGS, FL 92262	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS 242 WILSHIRE BLVD CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONNA L. ANDERSON 797 N. HIGH RD PALM SPRINGS, CA 92262	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHN L. ANDERSON 797 N. HIGH RD PALM SPRINGS, CA 92262	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

Daytime Phone #

CR2E034 (9/99)