

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G00516

1. Entity Name

GENE CHILDERS SPECIALTY ADVERTISING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90065 037 ***150.00

Principal Place of Business

Mailing Address

6029 SANTA MONICA DR
P.O. BOX 45323
TAMPA FL 33615
US

6029 SANTA MONICA DR
P.O. BOX 45323
TAMPA FL 33615-3328
US

2. Principal Place of Business

3. Mailing Address

6029 Santa Monica Dr
Suite, Apt. #, etc.

6029 Santa Monica Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, FL

Tampa FL

4. FEI Number 59-2229658

Applied For

Not Applicable

Zip 33615

Country Hillsborough

Zip 33615

Country Hillsborough

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

CHILDERS, KELLY EUGENE
6029 SANTA MONICA DR
TAMPA FL 33615

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 PD
NAME CHILDERS, KELLY EUGENE
STREET ADDRESS 6029 SANTA MONICA DR
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

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

TITLE ST
NAME CHILDERS, NANCY A.
STREET ADDRESS 6029 SANTA MONICA DR
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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

3-2-00 (813)237-4118

Date

Daytime Phone #

CR2E034 (9/93)