

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51753

1. Entity Name

EMPIRE REALTY OF PINELLAS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90043 013 ***150.00

Principal Place of Business

Mailing Address

2189 CLEVELAND ST
STE 206
CLEARWATER FL 33765
US

2045 EAST BAY DRIVE
SUITE 706
LARGO FL 33771-2373
US

2. Principal Place of Business

50 S. BELCHER RD.

3. Mailing Address

50 S BELCHER RD

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33765

Country

PINELLAS

Zip

33765

Country

PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2443150

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

CANNIZZARO, JOSEPH

~~2189 CLEVELAND ST~~ 50 S. BELCHER RD

206 123

~~INDIAN SHORES FL 34635~~ CLEARWATER, FL 33765

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

4-15-00

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PVD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CANNIZZARO, JOSEPH	2045 E BAY DR STE 706	LARGO FL 33771							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00 727 442-3080