

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H18061

1. Entity Name

CENTRAL FLORIDA BUSINESS WORLD, INCORPORATED

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

04-03-2000 90001 033 ***150.00

Principal Place of Business

Mailing Address

120 THIRTEENTH ST.
OSCEOLA FL 34770-7129

423 THIRTEENTH ST.
OSCEOLA FL 34770



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

423 13th St.

Suite, Apt. #, etc.

ST. CLOUD

City & State

FLORIDA

Zip

34769

Country

USA

3. Mailing Address

423 13th St.

Suite, Apt. #, etc.

ST. CLOUD

City & State

FLORIDA

Zip

34769

Country

USA

4. FEI Number

59-2440966

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COUGHTRY, MARIAN

~~710 OREGON AVE.~~

ST CLOUD FL 34769

3 TENNESSEE AV.

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

Marian Coughtry

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/00

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	PD	<input type="checkbox"/> Delete
NAME	COUGHTRY, MARIAN	
STREET ADDRESS	710 OREGON AVE. 3 TENNESSEE AV.	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Marian Coughtry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00 407 892 1319

CR2E034 (9/99)