

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90038 023 ***150.00

DOCUMENT # H43001

Entity Name

TIERRA VERDE REALTY SERVICES, CORP.

646905



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**150-2C PINELLAS BAYWAY, STE 208
 VERDE FL 33715**

**150-2C PINELLAS BAYWAY, STE 208
 TIERRA VERDE FL 33715**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2495850

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALLAHAN, HERBERT S.
 150-2C PINELLAS BAYWAY, STE 208
 SUITE 208
 TIERRA VERDE FL 33715**

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, 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**PVS
 CALLAHAN, HERBERT S.
 150-2C PINELLAS BAYWAY
 TIERRA VERDE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**TD
 CALLAHAN, HERBERT S.
 150-2C PINELLAS BAYWAY
 TIERRA VERDE FL**

☐ Delete

TITLE
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 STREET ADDRESS
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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

Date

Daytime Phone #

4/20/00 877-823-1532

CR2E034 (9/99)