

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90264 007 ***150.00

0471712

DOCUMENT # H67000

1. Entity Name
FLORIDA 14, INC.

Principal Place of Business
7930 SW 123RD TERRACE
CEDAR KEY FL 32625
US

Mailing Address
~~P.O. BOX 676~~
CEDAR KEY FL 32625
US

2. Principal Place of Business
7930 SW 123RD TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
7930 SW 123RD TERRACE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2566498**

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

QUIMBY, JOHN A
7930 SW 123RD TERRACE
CEDAR KEY FL 32625

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, 2001 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
PST
QUIMBY, JOHN A.
7930 SW 123RD TERRACE
CEDAR KEY FL ☐ Delete

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

TITLE
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QUIMBY, JOHN A.
7930 SW 123RD TERRACE
CEDAR KEY FL ☐ Delete

TITLE
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TITLE
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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

2/14/01 (352) 543-5878
 Date Daytime Phone #

CR2E034 (10/00)