

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26946

1. Entity Name

HARVEY-TADDEO, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90052 027 ***150.00

Principal Place of Business

PETER G. HARVEY
305 SCARLET BLVD
OLDSMAR FL 34677
US

Mailing Address

PETER G. HARVEY
305 SCARLET BLVD
OLDSMAR FL 34677-3019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2708021

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, PETER G.
305-A SCARLET BLVD
OLDSMAR FL 34677

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 HARVEY, PETER G.
STREET ADDRESS 229 KATHERINE BLVD., #3201
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1892 RIVEREDGE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE STD
NAME TADDEO, RICHARD V.
STREET ADDRESS 4486 BERISFORD BLVD.
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD V. TADDEO

Date

1/12/00

(813)855-0473

Daytime Phone #

CR2E034 (9/99)