

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90075 004 ***150.00

DOCUMENT # J49769

1. Entity Name

FLORIDA PROPERTY CONSULTANTS, INC.

Principal Place of Business

Mailing Address

**FIRST AVE N
 PETERSBURG FL 33701**

**338 FIRST AVE N
 ST. PETERSBURG FL 33701-3811
 US**

C0037147

2. Principal Place of Business

2836 5th Ave N, Suite 101

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2770398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

33713

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNN, RICKY E
 527 LA PLAZA AVE SO
 ST. PETERSBURG FL 33707**

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	P	<input type="checkbox"/> Delete
NAME	DUNN, RICKY E	
STREET ADDRESS	527 LA PLAZA AVE SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERTZ, GLORIA ANNE	
STREET ADDRESS	4860 108TH STREET NORTH	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Gaydos, John	
STREET ADDRESS	8231 44th St N	
CITY-ST-ZIP	Pinellas Park, FL 34665	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

John Gaydos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #