

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81075

1. Entity Name

CIMILUCA & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1444 N US J1
86 WESTMORELAND DR.
ORMOND BEACH FL 32174
US

% DAVID CIMILUCA
86 WESTMORELAND DR.
PALM COAST FL 32164-4030

2. Principal Place of Business

3. Mailing Address

1444 N US J1

P.O. Box 9796

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Daytona Beach, FL

Zip

32174

Country

Volusia

Zip

32120-9796

Country

Volusia

4. FEI Number

59-2860721

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

CIMILUCA, DAVID
86 WESTMORELAND DR.
PALM COAST FL 32137

Name

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

24 AUDUBON LANE

Flagler Beach,

FL

Zip Code
32136

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 NAME STREET ADDRESS CITY-ST-ZIP	PT CIMILUCA, DAVID 86 WESTMORELAND DR. PALM COAST FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24 AUDUBON LANE FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CIMILUCA, FAITH 86 WESTMORELAND DR. PALM COAST FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24 AUDUBON LANE FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Faith Cimiluca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

904-677-5345

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)