

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81075

1. Entity Name

CIMILUCA & ASSOCIATES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90047 014 ***150.00

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
Suite, Apt. #, etc.

P.O. Box 9796
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

59-2860721

Applied For

Not Applicable

Zip

32174

Country

Volusia

Zip

32120-9796

Country

Volusia

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

City

FLAGLER BEACH,

FL

Zip Code

32134

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	PT	<input type="checkbox"/> Delete
NAME	CIMILUCA, DAVID	
STREET ADDRESS	86 WESTMORELAND DR.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CIMILUCA, FAITH	
STREET ADDRESS	86 WESTMORELAND DR.	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	24 AUDUBON LANE	
CITY-ST-ZIP	FLAGLER BEACH, FL 32134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	24 AUDUBON LANE	
CITY-ST-ZIP	FLAGLER BEACH, FL 32134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

FAITH CIMILUCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

904-677-5545

Daytime Phone #

CR2E034 (9/99)