

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90130 034 ***150.00

DOCUMENT # K83604

1. Entity Name

FLORIHOLD, INC.

Principal Place of Business

Mailing Address

C/O ELIZABETH BREUER
 5370 GULF OF MEXICO DR STE 208
 LONGBOAT KEY FL 34228

C/O ELIZABETH BREUER
 5370 GULF OF MEXICO DR STE 208
 LONGBOAT KEY FL 34228-2047

2. Principal Place of Business

1543 2ND ST.

3. Mailing Address

1543 2ND ST.

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0141858

Applied For

Not Applicable

Zip

34236

Country

U.S.

Zip

34236

Country

U.S.

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

BREUER, ELIZABETH A
5370 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	BREUER, ELIZABETH A.	5370 GULF OF MEXICO DR STE 208	LONGBOAT KEY FL	<input type="checkbox"/>
S	SHACKLETT, SHARON A	5370 GULF OF MEXICO DR STE 208	LONGBOAT KEY FL	<input type="checkbox"/>
D	CREPEL, MARTYN DAVID	28-30 THE PARADE ST HELIER JERSEY	CHANNEL ISLANDS UK JE4- 8XY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1543 2ND ST. SUITE 102	SARASOTA, FL 34236	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1543 2ND ST. SUITE 102	SARASOTA FL 34236	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Elizabeth A. Breuer
 ELIZABETH A. BREUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

941-952-0533

Daytime Phone #

CR2E034 (9/99)