

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33992

1. Entity Name

RUMMEL/54TH AVENUE SOUTH, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90081 035 ***150.00

Principal Place of Business

Mailing Address

1641 1ST AVE NORTH
SAINT PETERSBURG FL 33713
US

P O BOX 13088
ST PETERSBURG FL 33733-3088
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 **59-3017353**

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

H.E. RUMMEL
1682 OCEANVIEW DR
TIERRA VERDE FL 33715

Name

H.E. Rummel

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

1641 First Avenue North

City

St. Petersburg

FL

Zip Code
33713

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 H.E. Rummel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 5, 2000

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
VSD
NICHOLS, KATE
1682 OCEANVIEW DR
TIERRA VERDE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NICHOLS, KATE
1682 OCEANVIEW DR
TIERRA VERDE FL ☐ Delete

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

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RUMMEL H E
1682 OCEANVIEW DR
TIERRA VERDE FL 33715 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

H.E. Rummel, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

Date

727-895-7804

Daytime Phone #

CR2E034 (9/99)