

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34711

1. Entity Name
HONEYCOMB OF MARCO ISLAND, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90085 037 ***150.00

Principal Place of Business
845 COLLIER CT
#506
MARCO ISLAND FL 34145
US

Mailing Address
C/O CHILDS, DONALD G
983 N. COLLIER BLVD., P.O. BOX 109
MARCO ISLAND FL 34146-0109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0160943

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHILDS, DONALD G
983 N. COLLIER BLVD
MARCO ISLAND FL 33937

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 PT
NAME HONEYCOMB, JOHN W.
STREET ADDRESS 845 COLLIER CT 506
CITY-ST-ZIP MARCO ISLAND FL 34145

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME HONEYCOMB, BETTY B.
STREET ADDRESS 845 COLLIER CT. 506
CITY-ST-ZIP MARCO ISLAND FL 34145

☐ Delete

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☐ 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: John W. Honeycomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 941-394-5832
Date Daytime Phone #

CR2E034 (9/99)