

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35622

1. Entity Name

ACTIVE BUILDING CORP.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90049 010 ***150.00

Principal Place of Business

7709 CITRUS HILL LN
NAPLES FL 34109
US

Mailing Address

7709 CITRUS HILL LN
NAPLES FL 34119-7962
US

2. Principal Place of Business

2595 Marshcreek Lane

3. Mailing Address

2595 Marshcreek Lane

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Naples FL

City & State

Naples FL

Zip

34119

Country

Collier

Zip

34119

Country

Collier

4. FEI Number

59-2994349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUBA A HARTLINE
7709 CITRUS LANE
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Luba A Hartline

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

2595 Marshcreek Lane

Suite 202

City

Naples

FL

Zip Code

34119

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

TITLE D ☐ Delete
NAME HARTLINE, LUBA A.
STREET ADDRESS 7709 CITRUS HILL LN
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Hartline, Luba A.
STREET ADDRESS 2595 Marshcreek Lane Suite 202
CITY-ST-ZIP Naples FL 34119

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/00 941 514 3334

CR2E034 (9/99)