

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90100 018 ***150.00

DOCUMENT # L74816
i. Entity Name
State & County Associates, Inc.
Principal Place of Business 3300-17 Cleveland Ave #151
Fort Myers, FL 33907
Mailing Address 13300-17 Cleveland Ave #151
Fort Myers, FL 33907

741002

Principal Place of Business 6051 Estero Boulevard
Suite, Apt. #, etc.
3. Mailing Address 6051 Estero Boulevard
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Fort Myers Beach, FL
Zip 33931
Country USA
City & State Fort Myers Beach, FL
Zip 33931
Country USA

4. FEI Number 65-0320044
Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Dennis Guenther
13300-17 Cleveland Ave #151
Fort Myers, FL 33907

7. Name and Address of New Registered Agent

Name Dennis Guenther
Street Address (P.O. Box Number is Not Acceptable) 6051 Estero Boulevard
City Fort Myers Beach **FL** **Zip Code** 33931

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete D Dennis Guenther 13300-17 Cleveland Ave Fort Myers, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Dennis Guenther 6051 Estero Boulevard Fort Myers Beach, FL 33931
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (9/99)