

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # M68818			
1. Entity Name			
PISCES 3, INC.			
Principal Place of Business		Mailing Address	
5300 N.E. 24TH TERRACE #236-C FT. LAUDERDALE, FL 33308		5300 N.E. 24TH TERRACE #236-C FT. LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address	
13819 WALSINGHAM ROAD		13819 WALSINGHAM ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE E		SUITE E	
City & State		City & State	
LARGO, FL		LARGO, FL	
Zip	Country	Zip	Country
33774		33774	

FILED

00 OCT 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HELEN DIMARCO 5300 N.E. 24TH TERRACE #236-C FT. LAUDERDALE, FL 33308		Name Street Address (P.O. Box Number is Not Acceptable) 13819 WALSINGHAM ROAD SUITE E City LARGO FL Zip Code 33774	

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	DPST HELEN DIMARCO 5300 NE 24TH TERRACE #236-C FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13819 WALSINGHAM ROAD SUITE E LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Helen K. Dimarco* DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/00 767-594-9698

Markovitch And Associates

PROFESSIONAL
ACCOUNTING &
TAX SERVICES

750 94th Ave. N.
Suite 210
St. Petersburg,
Florida 33702

2082
Telephone
(727) 577-9109
Fax
(727) 579-3404

Enrolled to Practice Before IRS.

October 18, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

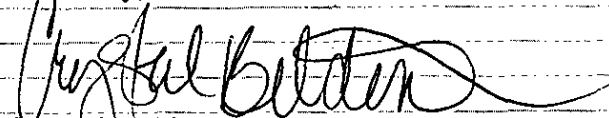
RE: PISCES 3, INC.
Document # M68818
FEI # 65-0035407

To Whom It May Concern:

Enclosed please find the 2000 Uniform Business Report for the above-referenced taxpayer. Also enclosed is a check in the amount of \$150.00 for the filing fee.

The taxpayer moved and never received the original Uniform Business Report. Please accept the form and filing fee as filed. If you have any questions, please feel free to contact this office.

Sincerely,



Crystal Beiden
Administrative Assistant

CB/cb

Enc.: 2000 UBR
Check