

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79674

1. Entity Name

T.H. BIONDI, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90034 039 ***158.75

Principal Place of Business Mailing Address
334 RUNAWAY CIRCLE 334 RUNAWAY CIRCLE
PONTE VEDRA FL 32082 PONTE VEDRA FL 32082-1609

2. Principal Place of Business 3. Mailing Address
109 CRANES LAKE DR 109 CRANES LAKE DR
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PONTE VEDRA FL. PONTE VEDRA FLA
Zip Country Zip Country
32082 ST JOHNS 32082 ST JOHNS

4. FEI Number 59-2960966 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BIONDI, DORIS E.
308 RUNAWAY CIR
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent
Name DORIS E. BIONDI
Street Address (P.O. Box Number is Not Acceptable)
109 CRANES LAKE DR.
City PONTE VEDRA FL Zip Code 32082

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 Doris E. Biondi 1-18-2000
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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIONDI, DORIS E.		NAME		
STREET ADDRESS	334 RUNAWAY CIRCLE 109 CRANES LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		CITY-ST-ZIP		
TITLE	SEC/TRES.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	T. HARRY BIONDI SR.		NAME		
STREET ADDRESS	109 CRANES LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FLA 32082		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: DORIS E. BIONDI Doris E Biondi 1-18-2000 (904) 285-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)