

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92062

1. Entity Name
205 W. PENN., INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90032 008 ***150.00

Principal Place of Business

Mailing Address

20702 W PENNSYLVANIA AVE
~~7800 113TH ST. NORTH SUITE 206~~
DUNNELLON FL 34431
US

20702 W PENNSYLVANIA AVE
~~7800 113TH ST. NORTH SUITE 206~~
DUNNELLON FL 34431-6717
US

00007343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20702 W. PENNSYLVANIA AVE

20702 W. PENNSYLVANIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUNNELLON, FL

DUNNELLON, FL

Zip

Country

Zip

Country

34431

USA

34431

USA

4. FEI Number 59-2905837

Applied For

Not Applicable

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

DAMONTE, JONATHAN J
12110 SEMINOLE BLVD
LARGO FL 33778

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	DP	<input type="checkbox"/> Delete
NAME	POST, WILLIAM A.	
STREET ADDRESS	20702 W PENN AVE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DAMONTE, JONATHAN JAMES	
STREET ADDRESS	12110 SEMINOLE BLVD	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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:

William A. Post, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

Daytime Phone #

352 489-3700