

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095374

1. Entity Name

IRA PRESERVATION SPECIALIST, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90054 048 ***150.00

Principal Place of Business

4713 CENTRAL AVE.
ST. PETERSBURG FL 33713

Mailing Address

4713 CENTRAL AVE.
ST. PETERSBURG FL 33713

2. Principal Place of Business

4731 Central Avenue

3. Mailing Address

4731 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3702542

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

33713

Country

USA

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

TROUP, DAVID L
4713 CENTRAL AVE.
ST. PETERSBURG FL 33713

Name

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

4731 Central Avenue

City

St. Petersburg,

FL

Zip Code

33713

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

David L. Troup

David L. Troup

4/4/01

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, 2001 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
D
SCARFONE, ELEANOR L
13575 58TH ST. N., #200
CLEARWATER FL 33760 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

Eleanor Scarfone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 April 2001 *727-460-6507*

CR2E034 (10/00)