

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02410

1. Entity Name

FLORIDEX MERCHANDISE CO., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90038 007 ***150.00

Principal Place of Business

Mailing Address

5150 ULMERTON RD. #9
CLEARWATER FL 33760
US

5150 ULMERTON RD. #9
CLEARWATER FL 33759-1625
US

2. Principal Place of Business

3. Mailing Address

3064 HOMESTEAD OAKS DR
Suite, Apt. #, etc.

3064 HOMESTEAD OAKS DR
Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33759

Country

Zip

33759

Country

4. FEI Number

59-1940601

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

FERROL, EDO
3064 HOMESTEAD OAKS DR.
CLEARWATER FL 33759

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
FERROL, EDO
3064 HOMESTEAD OAKS DR.
CLEARWATER FL 33759 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CLEARWATER FL 33759 ☐ Delete

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☐ 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:

Isenath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

727-797-6694

Daytime Phone #

CR2E034 (9/99)