

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000007353**

1. Entity Name
490 CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90005 031 ***150.00

Principal Place of Business
**2062 20TH AVE. S.E.
LARGO, FL 33771
US**

Mailing Address
**2062 20TH AVE. S.E.
LARGO, FL 33771
US**

00070001

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3152115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**FOLEY, MICHAEL T.
2284 KINGS POINTE DRIVE
LARGO, FL 33774**

7. Name and Address of New Registered Agent
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 _____ (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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	HEIDENREICH, JOSEPH I	
STREET ADDRESS	1975 20TH AVE. S.E.	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	V/T/D	<input type="checkbox"/> Delete
NAME	FOLEY, MICHAEL T.	
STREET ADDRESS	2284 KINGS PT. DR.	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	STIDHAM, ARLIN H.	
STREET ADDRESS	9365 E. GOBBLER DR.	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
NAME		
STREET ADDRESS		
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: **Michael T. Foley** VICE PRES. **4/20/00 (727) 595-0816**
MICHAE T. FOLEY Date Daytime Phone #

CR2E034 (9/99)