

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024687

1. Entity Name

ROMAR PROPERTIES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90099 030 ***150.00

Principal Place of Business

Mailing Address

2967 S. ATLANTIC
#1001
DAYTONA BCH. SHORES FL 32118
US

2967 S. ATLANTIC
#1001
DAYTONA BCH. SHORES FL 34711-9579
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

608 MAIN AVE. S.

608 MAIN AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #14

UNIT #14

City & State

City & State

CLERMONT FL.

CLERMONT, FL.

Zip

Country

Zip

Country

34711 LAKE

34711 LAKE

4. FEI Number 59-3178653

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

HAMILTON, MARCIA R

2967 S. ATLANTIC

#1001

DAYTONA BCH. SHORES FL 32118

Name

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

608 MAIN AVE. S.

UNIT #14

CLERMONT, FL

Zip Code 34711

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMILTON, ROBERT
608 MAIN AVE.S. UNIT #14
CLERMONT FL 34711

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMILTON, MARCIA
608 MAIN AVE. S. UNIT #14
CLERMONT FL 34711

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Marcia R. Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00 352-242-9655
Date Daytime Phone #