

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039051

1. Entity Name
TORTOLA, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

07-13-2000 90016 001 ***150.00
08-28-2000 90061 049 ***400.00

Principal Place of Business
1892 DEL ROBLES DRIVE
CLEARWATER FL 34624

Mailing Address
1892 DEL ROBLES DRIVE
CLEARWATER FL 34624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 98-0140459

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STETSENKO, SERGEI
1892 DEL ROBLES DRIVE
CLEARWATER FL 34624

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME ISSAI, VALERI
STREET ADDRESS 3 TROSTYANETSKAYA ST., APT. 561
CITY-ST-ZIP KIEV, UKRAINE ☐ Delete

TITLE PTD
NAME KIRILIUOK, VICTOR
STREET ADDRESS 14/1 RUSANOVSKAYA NAB., APT. 11
CITY-ST-ZIP KIEV, UKRAINE ☐ Delete

TITLE SD
NAME STETSENKO, SERGEI
STREET ADDRESS 1892 DEL ROBLES DRIVE
CITY-ST-ZIP CLEARWATER FL 34624-6425 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-2000

Date

813-269-8222

Daytime Phone #

X235

CR2E034 (5/00)