2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 07, 2000 8:00 an DOCUMENT # **P94000052327 Secretary of State** 1. Entity Name ANCADO, INC. 02-07-2000 90081 019 ***150.00 Principal Place of Business Mailing Address 7410 N NEBRASKA AVE 7410 N NEBRASKA AVE TAMPA FL 33604 TAMPA FL 33604-4921 R0015382 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applica : 4. FEI Number 59-3255896 N<u>ot å, "</u>... Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CAROL J ROOT** Street Address (P.O. Box Number is Not Acceptable) 18405 DEBONAIR PL LUTZ FL 33549 City 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 DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!!-FEE-IS \$150.00 10. Election Campaign Financing \$5.00 May Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to F (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Delete Change TITLE KOUPAS, ANGELO P NAME NAME STREET ADDRESS 4715 KEMBLE COURT STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change KOUPAS, GUS D NAME NAME 7410 N NEBRASKA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP tampa fl CITY-ST-ZIP TITLE . 🔲 Delete Change ROOT, CAROL J NAME NAME STREET ADDRESS 7410 N NEBRASKA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa fl TITLE Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 ed by Chapter 607 Florida Statutes; and that my name appears in Block 11 or State of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all wher like empowered. SIGNATURE: Daytime Phone

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