

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062526

1. Entity Name

AMERICAN FLEA MARKET OF SOUTHWEST FLORIDA, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90023 039 ***550.00

Principal Place of Business

12995 S. CLEVELAND AVE.
SUITE 257
FORT MYERS FL 33907
US

Mailing Address

12995 S. CLEVELAND AVE.
SUITE 257
FT MYERS 33 33907
US

2. Principal Place of Business

12995 S. CLEVELAND AVE

3. Mailing Address

12995 S. CLEVELAND AVE

Suite, Apt. #, etc.

SUITE 257

Suite, Apt. #, etc.

SUITE 257

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0515519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFFINGWELL, THOMAS W
12995 S CLEVELAND AVE
SUITE 257
FT MEYERS FL 33907

7. Name and Address of New Registered Agent

Name

LEFFINGWELL, THOMAS W.

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

12995 S. CLEVELAND AVE

SUITE 257

City

FORT MYERS

FL

Zip Code

33907

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

Thomas W. Leffingwell

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/13/00

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 ☐ Delete
NAME LOWELL, HARRY M
STREET ADDRESS 12995 S. CLEVELAND AVE. SUITE 257
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME LOWELL, HARRY M
STREET ADDRESS 12995 S. CLEVELAND AVE, SUITE 257
CITY-ST-ZIP FORT MYERS, FL 33907

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

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

TITLE ☐ Change ☐ Addition
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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:

Harry M. Lowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00

Date

941-939-7438

Daytime Phone #

CR 12004 (1/00)