

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90430 033 ***150.00

DOCUMENT # P94000072301

1. Entity Name
CONDO CHECK OF FLORIDA, INC.



Principal Place of Business
**1137 EDGEWATER CIRCLE
BRADENTON FL 34209**

Mailing Address
**1137 EDGEWATER CIRCLE
BRADENTON FL 34209**



2. Principal Place of Business
2213 19th Ave W
Suite, Apt. #, etc.

3. Mailing Address
2213 19th Ave W
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bradenton FL
Zip
34205 Country
U.S.A

City & State
Bradenton FL
Zip
34205 Country
U.S.A

4. FEI Number
65-0530202

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLARNEY, JANE
1137 EDGEWATER CIRCLE
BRADENTON FL 34209**

7. Name and Address of New Registered Agent

Name
Mcharney Jane

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

2213 19th Ave W

City
Bradenton FL Zip Code
34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jane M. Larny**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
Jan 9/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
MCLARNEY, JANE
STREET ADDRESS
1137 EDGEWATER CIRCLE
CITY-ST-ZIP
BRADENTON FL 34209

TITLE
D ☐ Delete
NAME
MCLARNEY, RAYMOND M
STREET ADDRESS
1137 EDGEWATER CIRCLE
CITY-ST-ZIP
BRADENTON FL 34209

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Jane M. Larny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)