

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010844

1. Entity Name

FLORIDA XOTIC, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90122 009 ***150.00

Principal Place of Business

Mailing Address

3810 LITTLE RD
LUTZ FL 33549
US

3810 LITTLE RD
LUTZ FL 33549-4702
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3307816

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

KLEIN, WILLIAM
13002 N. DALE MABRY
#201
TAMPA FL 33618

Name William Klein

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

3810 Little Rd.

Lutz

City FL

FL

Zip Code 33544

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

William Klein William Klein

1/27/2000

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 P ☐ Delete
NAME KLEIN, WILLIAM
STREET ADDRESS 3810 LITTLE RD
CITY-ST-ZIP LUTZ FL 33549

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

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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:

William Klein REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2000 (813) 962-0605