

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017721

1. Entity Name

CORNUCOPIA ENTERPRISES INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90033 047 ***150.00

Principal Place of Business

Mailing Address

340 GOLFBROOK CIRCLE, SUITE 200
LONGWOOD FL 32779
US

P.O. BOX 915551
LONGWOOD FL 32791-5551
US

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

59-3304719

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

MCMONAGLE, MICHAEL
340 GOLFBROOK CIRCLE, SUITE 200
LONGWOOD FL 32779

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 \$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 **MICHAEL MCMONAGLE**
STREET ADDRESS **340 GOLFBROOK CIRCLE, SUITE 200**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27, 2000

4078696151



Cornucopia Enterprises Inc.

P.O. Box 915551

Longwood FL. 32791-5551

Tel: (407)869-6151

Fax: (407)862-8506

Attachment
D# P9500001721
DU082004



August 25 2000

The Division of Corporations
P.O. Box 6327
Tallahassee FL. 32314

Dear Sirs

Re: Uniform Business Report

I am writing to inform you that since our check for \$150 for the 2000 Uniform Business Report has still not been paid by our bank, I must assume it and the report have got lost in the mail.

Herewith a copy of my check stub issued in this regard and a copy of the form originally submitted with said check.

Additionally, I am enclosing another check for \$150 for the Uniform Business Report fee.

Thank you

Sincerely

Michael McMonagle