

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000028163

1. Entity Name

PEOPLE'S CHOICE REALTY, INC.

PEOP444 3
NOTIFY SEND
PEOPLES CH
4530 SW 46T
OCALA FL 34

P95000028163

FILED

00 MAY 17 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10838

Principal Place of Business

PEOPLES CHOICE REALTY
8444 SW 103 ST RD
OCALA FL 34481
US

Mailing Address

8444 SW 103 ST RD
OCALA FL 34481-7766
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala

Zip

Country

34474

Country

4. FEI Number

59-3314339

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

SANZENI, HELEN T
8444 SW 102 ST ROAD
OCALA FL 34481

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 Transferring)

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 PD
NAME SANZENI, HELEN T
STREET ADDRESS 8444 SW 103RD ST RD
CITY-ST-ZIP Ocala FL 34481 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Helen T. Sanzeni Pres.

4-24-2000

35-2
237-5980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



"THE NAME YOU CAN TRUST"

4530 SW 46th Street
Ocala, Florida 34474

May 9, 2000

Department of State
P.O. Box 6327
Tallahassee, FL 32314

Att: Annual Report Dept

Re: Document No. P95000028163
2000 Uniform Business Report

Gentlemen:

Yesterday, we called your office in regard to our check in the amount of \$150 which was sent to you together with our report.

In our mail last Saturday, we received an envelope from the Postal Service in which they enclosed the very check we had mailed to you on April 21, 2000. On the envelope was stamped "found loose in mail" We have enclosed that envelope, together with the check.


When talked with your office we asked whether you had the report, but were told by the person with whom we talked that no, you donot have the report. She also mentioned that we may also receive that back from the Postal Service.

In any event, we are enclosing a copy of the report which we mailed you, and on which the owner of the firm has affixed an original signature, as we were asked to do.

We trust that this will take care of our filing for this year. If there is anything else we can, or if there is anything further you need, please let us know.

Also, please note new address.

Very truly yours


(Mrs.) Violet Davis
Bookkeeper.