

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054688

1. Entity Name

CENTRAL FLORIDA BUSINESS EXCHANGE, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90117 005 ***150.00

Principal Place of Business

Mailing Address

3372 EDGEWATER DR
ORLANDO FL 32804
US

POST OFFICE BOX 547477
ORLANDO FL 32854-7477

2. Principal Place of Business

3696 Ulmerton Rd

3. Mailing Address

P.O. Box 17693

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater

4. FEI Number

59-3325089

Applied For

Not Applicable

Zip

33769

Country

Pinellas

Zip

33762

Country

Pinellas

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

TURNER, JACQUELYN I
3233 EDGEWATER DR
ORLANDO FL 32804

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 PD
NAME DAVIS, SAM III
STREET ADDRESS 8785 ALEGRE CIRCLE
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1161 Glenmoor Ct.
CITY-ST-ZIP Clearwater, FL 33764

TITLE TD
NAME TURNER, JACQUELYN
STREET ADDRESS 8785 ALEGRE CIRCLE
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1161 Glenmoor Ct.
CITY-ST-ZIP Clearwater, FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Jacquelyn I. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 727-561-9433
Date Daytime Phone #

CR2E034 (9/99)