

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90013 019 ***150.00

DOCUMENT # P96000021962

1. Entity Name

P & G INVESTORS INC.

Principal Place of Business

Mailing Address

**8215 STONER RD
 LOT 517
 RIVERVIEW FL 33569**

**P.O. BOX 13923
 TAMPA FL 33681-3923**

00000000

2. Principal Place of Business

3. Mailing Address

3402 W. VAN BUREN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL.

City & State

4. FEI Number

59-3372642

Applied For

Not Applicable

Zip

33611

Country

HILLSBOROUGH

Zip

Country

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

**KONITZER, PHYLLIS E
 8215 STONER RD
 LOT 517
 RIVERVIEW FL 33569**

Name

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

3402 W. VAN BUREN DR.

City

TAMPA

FL

Zip Code

33611

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

PHYLLIS E. KONITZER, PRES.

Phyllis E. Konitzer, Pres. **2-14-00**

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 **DP** ☐ Delete
 NAME **KONITZER, PHYLLIS E**
 STREET ADDRESS **8215 STONER RD LOT 517**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☒ Change ☐ Addition
 NAME **3402 W. VAN BUREN DR.**
 STREET ADDRESS **TAMPA, FL 33611**
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **KONITZER, GENE A**
 STREET ADDRESS **8215 STONER RD LOT 517**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☒ Change ☐ Addition
 NAME **3402 W. VAN BUREN DR.**
 STREET ADDRESS **TAMPA, FL 33611**
 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

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 furnished 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 so, or on an attachment with an address, with all other like empowered.

SURE: *Phyllis E. Konitzer, President* 2-14-00 813-835-8486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #