

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90059 001 ***600.00

8458



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000027496

1. Entity Name

PARC CENTRE II (TAMPA), INC.

Principal Place of Business

Mailing Address

**1253 PARK ST
 CLEARWATER FL 34616/**

**1253 PARK ST
 CLEARWATER FL 33756-5827**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33756

4. FEI Number

59-3388649

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

**WARD, R. CARLTON
 1253 PARK ST
 CLEARWATER FL 34616 33756**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **WARD, R. CARLTON**
 CITY-ST-ZIP **1253 PARK ST**
CLEARWATER FL 33756

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

TITLE ☐ Delete
 NAME **DTAS**
 STREET ADDRESS **RUSTON, D. S.**
 CITY-ST-ZIP **15 BOULEVARD ROYAL, L-2449**
LUXEMBOURG FL

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **PALLOT, ROSEMARY**
 CITY-ST-ZIP **15 BOULEVARD ROYAL, L-2449**
LUXEMBOURG FL

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
 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:

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

R. Carlton Ward, President 4/14/00

Date

Daytime Phone #

727-443-3281

CR2E034 (9/99)