

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034862

1. Entity Name

CORNELIUS ENGLAND COMPANY

Principal Place of Business

3945 POINSETTIA DRIVE  
ST. PETE BEACH FL 33706

Mailing Address

3945 POINSETTIA DRIVE  
ST. PETE BEACH FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORNELIUS, F. STEVEN L  
3945 POINSETTIA DRIVE  
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name

LARISSA P. CORNELIUS

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

3945 POINSETTIA DR

City

ST. PETE BEACH

FL

Zip Code

33706

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 LARISSA P. CORNELIUS - president L.P. Cornelius 10/5/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	PVD	<input type="checkbox"/> Delete
NAME	CORNELIUS, F. STEVEN L	
STREET ADDRESS	3945 POINSETTIA DRIVE	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CORNELIUS, LARISSA P	
STREET ADDRESS	3945 POINSETTIA DRIVE	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELIUS LARISSA P	
STREET ADDRESS	3945 POINSETTIA DR	
CITY-ST-ZIP	ST. PETE BEACH, FL. 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: LARISSA P. CORNELIUS L.P. Cornelius 10/5/00 727-821-3575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PM 5:36



REINSTATEMENT

4. FEI Number 59-3377319 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (5/00)