

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057282

1. Entity Name

EMPIRE ENTERPRISES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90085 043 ***150.00

Principal Place of Business

Mailing Address

2013 SHORELAND DRIVE
AUBURNDAL FL 33823

2013 SHORELAND DRIVE
AUBURNDAL FL 33823-2039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2208 Wildwood Hollow Dr.

PO 888

Valrico, FL

Valrico, FL

Zip 33594

Country US

Zip 33595

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0679287

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

GLENN, JACKY C
2013 SHORELAND DRIVE
AUBURNDAL FL 33823

Name Christopher P. Karow

Street Address (P.O. Box Number is Not Acceptable)
2208 Wildwood Hollow Dr.

City Valrico

FL

Zip 33594

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

Christopher P. Karow
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 D
NAME GLENN, JACKY C
STREET ADDRESS 2013 SHORELAND DRIVE
CITY-ST-ZIP AUBURNDAL FL 33823 ☒ Delete

TITLE Christopher P. Karow ☒ Change ☐ Addition
NAME Christopher P. Karow
STREET ADDRESS 2208 Wildwood Hollow Drive
CITY-ST-ZIP Valrico, FL 33594 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Christopher P. Karow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

813-681-7324

Daytime Phone #

CR2E034 (9/99)