

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90035 001 ***150.00

812800



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000087953

1. Entity Name

CPR WITH HOPE, INC.

Principal Place of Business

Mailing Address

15000 GULF BLVD

15000 GULF BLVD

#408

#407

BEACH FL 33708

MADEIRA BEACH FL 33708-2032
 US

2. Principal Place of Business

15000 Gulf Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

407

City & State

Madeira Beach, FL

City & State

4. FEI Number

59-3415420

Applied For

Not Applicable

Zip

33708

Country

USA

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

O'NEIL, HOPE

15000 GULF BLVD., #407

MADEIRA BEACH FL 33708

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)

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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 | PT | <input type="checkbox"/> Delete |
| NAME | O'NEIL, HOPE | |
| STREET ADDRESS | 15000 GULF BLVD, #407 | |
| CITY-ST-ZIP | MADEIRA BEACH FL 33708 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | O'NEIL, DENNIS | |
| STREET ADDRESS | 15000 GULF BLVD, #407 | |
| CITY-ST-ZIP | MADEIRA BEACH FL 33708 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | |

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| 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:

HOPE O'NEIL

1/9/00

(727) 397-8128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)