

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000027711**

Entity Name

SIDNEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**818 90TH AVENUE NORTH
ST. PETERSBURG, FL 33702**

SAME

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. F.I.T. Number

59-2439780

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

SIDNEY, ALLAN

818 90TH AVENUE NORTH

ST. PETERSBURG, FL 33702

Name

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

City

FL

Zip Code

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

DATE: Registered agent fee change required when to state

DATE

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, 2001 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1	SIDNEY, ALLAN	☐ Delete	11		☐ Change ☐ Addition
2	818 90TH AVENUE NORTH		12		
3	ST. PETERSBURG, FL 33702		13		
4		☐ Delete	14		☐ Change ☐ Addition
5			15		
6		☐ Delete	16		☐ Change ☐ Addition
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99			109		
100		☐ Delete	110		☐ Change ☐ Addition

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:

Man H. Staty Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30th 2001 (727) 570-8009
DATE

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90036 029 ***150.00

658672

DO NOT WRITE IN THIS SPACE