

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032906

1. Entity Name

VOTL MANAGEMENT, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90114 033 ***150.00

Principal Place of Business

Mailing Address

2422 W. BRANDON BLVD
BRANDON FL 33511
US

928 DELANEY CIRCLE
SUITE 108
BRANDON FL 33511-1952
US

2. Principal Place of Business

3. Mailing Address

928 Delaney Cir
Suite, Apt. #, etc.
#108

Suite, Apt. #, etc.

City & State
BRANDON FL

City & State

4. FEI Number 59-3439346

Applied For

Not Applicable

Zip
33511-1952

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

KIRK, WILLIAM C
928 DELANEY CIRCLE
SUITE 108
BRANDON FL 33511

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	P	<input type="checkbox"/> Delete
NAME	KIRK, WILLIAM C.	
STREET ADDRESS	928 DELANEY CIRCLE, #108	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

813-654-7563

Daytime Phone #

CR2E034 (9/99)