2000 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2000 8:00 am Secretary of State DÖCUMENT # **P97000033900** C.Q. PORT RICHEY PROPERTY, INC. 04-10-2000 90084 019 ***150.00 Mailing Address Principal Place of Business 2250 KENT PL. 2250 KENT PL CLEARWATER FL 33764-623 CLEARWATER FL 33764-6623 3. Mailing Address 2. Principal Place of Business ISGO GULF BLVD #3-405 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3443034 Not Applicable CLEARWATE \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CERAOLO, CARMEL A 2250 KENT PL. **CLEARWATER FL 34624** Zip Code 33767-2900 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition D TITLE ☐ Delete TITLE NAME CERAOLO, CARMEL A NAME 1560 GULF BLVD., #3-405 STREET ADDRESS STREET ADDRESS 2250 KENT PL. CLEARWATER, FL 33767-2900 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764-6623** ☐ Addition ☐ Delete TITLE TITLE NAME QUINN, JOHN H NAME STREET ADDRESS STREET ADDRESS P.O. BOX 941539 N/A CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32794-1539 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CARMEL A. CERAOLO

727-5 | 7-8407 Daytime Phone #

4-5-2000