

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034061

1. Entity Name

LOU NYARY COMMUNICATIONS INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90140 042 ***150.00

Principal Place of Business

Mailing Address

~~3111 E. 3RD AVE~~
TAMPA FL 33605
US

~~3111 E. 3RD AVE~~
TAMPA FL 33615-1820
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8206 W. WATERS AVE

3. Mailing Address

8206 W. WATERS AVE

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

59-3444147

Applied For

Not Applicable

Zip
33615-1820

Country

HILLS.

Zip

33615-1820

Country

HILLS.

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

NYARY, LOUIS

~~3111 E. 3RD AVE~~
TAMPA FL 33605

Name

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

8206 W. WATERS AVE.

#102

City
TAMPA

FL

Zip Code

33615-1820

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

Louis S. Nyary

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTs
NYARY, LOUIS
~~3111 E. 3RD AVE~~
TAMPA FL 33605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8206 W. WATERS AVE. #102
TAMPA, FL 33615-1820 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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 an other like empowered.

SIGNATURE:

Louis S. Nyary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(813) 901-8823

Daytime Phone #

CR2E034 (9/99)