

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90061 036 ***550.00

DOCUMENT # P97000040609

1. Entity Name
SEVEN C'S OF PALM CITY, INC.

Principal Place of Business Mailing Address
4891 SW PARKGATE BLVD. **4891 SW PARKGATE BLVD.**
PALM CITY FL 34990 **PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0768871**

Applied For
 Not Applicable

Zip Country 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

KESKE, CARL D
4891 SW PARKGATE BLVD.
PALM CITY FL 34990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

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TITLE	NAME	TITLE	NAME
PD	KESKE, CARL D	D	KESKE CARL D
4891 SW PARKGATE BLVD.	4891 SW PARKGATE BLVD.	4891 SW PARKGATE BLVD	4891 SW PARKGATE BLVD
PALM CITY FL 34990	PALM CITY FL 34990	PALM CITY FL 34990	PALM CITY FL 34990
STD	KESKE, CAROL H	P	KESKE, CAROL H
4891 SW PARKGATE BLVD.	4891 SW PARKGATE BLVD.	4891 SW PARKGATE BLVD	4891 SW PARKGATE BLVD
PALM CITY FL 34990	PALM CITY FL 34990	PALM CITY FL 34990	PALM CITY FL 34990

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 18 2000
 Date Daytime Phone #

CR2E034 (5/00)