

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059106

1. Entity Name

DEBCO GROUP, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90005 040 ***158.75

Principal Place of Business

Mailing Address

334 RUNAWAY CIR.
PONTE VERDE FL 32082

334 RUNAWAY CIR.
PONTE VERDE FL 32082-1256

2. Principal Place of Business

109 CRANES LAKE DR

3. Mailing Address

109 CRANES LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA FLA 32082

City & State

PONTE VEDRA FLA.

4. FEI Number

59-3460479

☒ Applied For

☐ Not Applicable

Zip

32082

Country

ST. JOHNS

Zip

32082

Country

ST. JOHNS

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

DORIS E. BIONDI

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

109 CRANES LAKE DR

City

PONTE VEDRA

FL

Zip Code

32082

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

Doris E. Biondi

1-18-2000

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 ☐ Delete
NAME D
STREET ADDRESS BIONDI, DORIS E
CITY-ST-ZIP 334 RUNAWAY CIR. 109 CRANES LAKE DR.
PONTE VERDE FL 32082

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

TITLE ☐ Delete
NAME SEC. TREAS
STREET ADDRESS T. HARRY BIONDI SP.
CITY-ST-ZIP 109 CRANES LAKE DR
PONTE VEDRA FLA 32082

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Doris E. Biondi

1-18-2000

904-285-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)