

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060071

1. Entity Name

HIGHLAND PINES MARKET, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90173 025 ***150.00

Principal Place of Business

Mailing Address

3011 MELBOURNE BLVD
TAMPA FL 33605

P O BOX 260502
TAMPA FL 33685-0502
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3457511

Applied For

Not Applicable

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

JAUNDOO, DAVE
15215 AMBERLY DR
TAMPA FL 33647

Name TORTORELLO, JOHN

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

4822 BONITA VISTA DR.

City TAMPA

FL

Zip Code 33634

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]

4/26/2000

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 DP ☒ Delete
NAME JAUNDOO, DAVE
STREET ADDRESS 15215 AMBERLY DR
CITY-ST-ZIP TAMPA FL 33647

TITLE P ☐ Change ☐ Addition
NAME TORTORELLO, JOHN
STREET ADDRESS 4822 BONITA VISTA DR.
CITY-ST-ZIP TAMPA, FL 33634

TITLE VP ☐ Delete
NAME TORTORELLO, JOHN
STREET ADDRESS 4822 BONITA VISTA DR
CITY-ST-ZIP TAMPA FL 33634

TITLE VP ☐ Change ☒ Addition
NAME BHEEM, KULDIP
STREET ADDRESS 3011 MELBOURNE BLVD
CITY-ST-ZIP TAMPA, FL 33605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)