

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065451

1. Entity Name

COVERED BRIDGE DEVELOPMENT CORPORATION

Principal Place of Business

~~8466 N. LOCKWOOD RIDGE, RD., STE. 300
SARASOTA FL 34243~~

Mailing Address

~~8466 N. LOCKWOOD RIDGE, RD., STE. 300
SARASOTA FL 34243-2951~~

6604 37th St E.
Ellenton, FL 34222

5312 US HWY 301 N. PMB #396
ELLENTON, FLORIDA 34222

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90050 001 ***150.00

05-10-2000 90050 002 *****8.75



DO NOT WRITE IN THIS SPACE

File Number **65-0770431** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DESENBERG, TREY
~~8466 N. LOCKWOOD RIDGE, RD., STE. 300
SARASOTA FL 34243~~

7. Name and Address of New Registered Agent

Name **DESENBERG, TREY**
Street Address (P.O. Box Number is Not Acceptable)
**6604 37th St E.
Ellenton, FL 34222**
City
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 *Trey Desenberg* *4/25/00*
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

TITLE **D** ☐ Delete
NAME **DESENBERG, TREY**
STREET ADDRESS ~~8466 N. LOCKWOOD RIDGE, RD., STE. 300~~
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, President, V.P., Sec. Treas** ☒ Change ☐ Addition
NAME **TREY DESENBERG**
STREET ADDRESS **6312 Us Hwy 301 N. PMB 396**
CITY-ST-ZIP **Ellenton, Florida 34222**

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

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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:

Trey Desenberg, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

941-755-3000
Daytime Phone #