

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067547

1. Entity Name

FLORIDA RESIDENTIAL CONSULTANTS COMPANY

Principal Place of Business

795 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34984
US

Mailing Address

795 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34984-5211
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 65-0774258

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

ROMANO, NICK
795 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34984

Name
Nicholas Truncone

Street Address (P.O. Box Number is Not Acceptable)
795 SE Port St Lucie Blvd

City
Port St Lucie

FL

Zip Code
34984

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

Nicholas Truncone

Nicholas Truncone, Director

1/17/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ENGEL, HARLEE ☒ Delete
STREET ADDRESS 795 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE NAME Templin, Jon ☐ Change ☒ Addition
STREET ADDRESS 795 SE Port St Lucie Blvd
CITY-ST-ZIP Port St Lucie, FL 34984

TITLE NAME ROMANO, NICK ☐ Delete
STREET ADDRESS 795 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

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

TITLE NAME TRUNCONI, NICHOLAS ☐ Delete
STREET ADDRESS 795 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Nicholas Truncone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Truncone

1/17/00

(561) 336-2201

Date

Daytime Phone #

CR2E034 (9/99)