

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083289

1. Entity Name

APPLEBOOTZ OF BRANDON, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90045 021 ***150.00

Principal Place of Business

Mailing Address

2492 W BRANDON BLVD
SUITE #200
BRANDON FL 33511
US

2492 W BRANDON BLVD.
SUITE #200
BRANDON FL 33511-4717
US

B0077821



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

59-3469418

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

LASHER, MARIAN
2492 E. BRANDON BLVD.
STE. 200
BRANDON FL 33511

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

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	P	<input type="checkbox"/> Delete
NAME	LASHER, MARIAN A	
STREET ADDRESS	5219 JULES VERNE COURT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	WILLIAMS, CELIA M	
STREET ADDRESS	19616 GULF BLVD #202	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 813-248-5282