

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000085457**
 1. Entity Name **THE FRIENDLY CONFINES INC.**

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90044 007 ***150.00

Principal Place of Business **131 Cindy Ct. Lake Mary, FL. 32746**
 Mailing Address **131 Cindy Court Lake Mary, FL. 32746**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE
59-3503365

4. FEI Number 000002232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Nicholas Pavletic
131 Cindy Ct
Lake Mary, FL. 32746

7. Name and Address of New Registered Agent
 Name **MAGDY PAVLETIC PRES.**
 Street Address (P.O. Box Number is Not Acceptable)
131 Cindy Court
 City **LAKE MARY, FL** Zip Code **32746**

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 **MAGDY PAVLETIC** *Magdy Pavletic* **15 April 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 PRES.	<input type="checkbox"/> Delete	TITLE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGDY PAVLETIC		NAME MAGDY PAVLETIC	
STREET ADDRESS 131 Cindy Ct		STREET ADDRESS 131 Cindy Ct	
CITY-ST-ZIP LAKE MARY, FL. 32746		CITY-ST-ZIP LAKE MARY, FL. 32746	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Pavletic** *Nicholas Pavletic* **15 April 00** **407 324 5338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)