

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100097

1. Entity Name

CENTRAL FLORIDA C.N.C., INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90131 013 ***150.00

Principal Place of Business

Mailing Address

1300 WOODLAWN TERR.
CLEARWATER FL 33755

1300 WOODLAWN TERR.
CLEARWATER FL 33755-1155

2. Principal Place of Business

22119 US 19 N.

3. Mailing Address

22119 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

City & State

CLEARWATER FL.

4. FEI Number

59-3480903

Applied For
Not Applicable

Zip

33765

Country

PINELLAS

Zip

33765

Country

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROE, DONALD G

1300 WOODLAWN TERR.
CLEARWATER FL 33755

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

1-19-00

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PTD
MONROE, DONALD G
1300 WOODLAWN TERR.
CLEARWATER FL 33755

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
COWLBECK, LEIGH F
1875 E. IRWIN ST.
SAFETY HARBOR FL 34695

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #

1-19-00 727 796 3026