## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000102409

BLENKUSH, EUGENE

245 S W 32ND TERRACE

9. This corporation is eligible to satisfy its Intangible

BLENKUSH, EUGENE

CAPE CORAL FL 33990

CAPE CORAL FL 33990

CAPE CORAL FL 33914

CAPE CORAL FL 33914

915 SE 21ST TERR

BLENKUSH, JOAN

915 SE 21ST TERR

HECK, SHERYL

915 SE 21ST TERR

VOLKERT, KELLY

915 SE 21ST TERR

Tax filing requirement and elects to do so.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

CAPE CORAL FL 33914

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

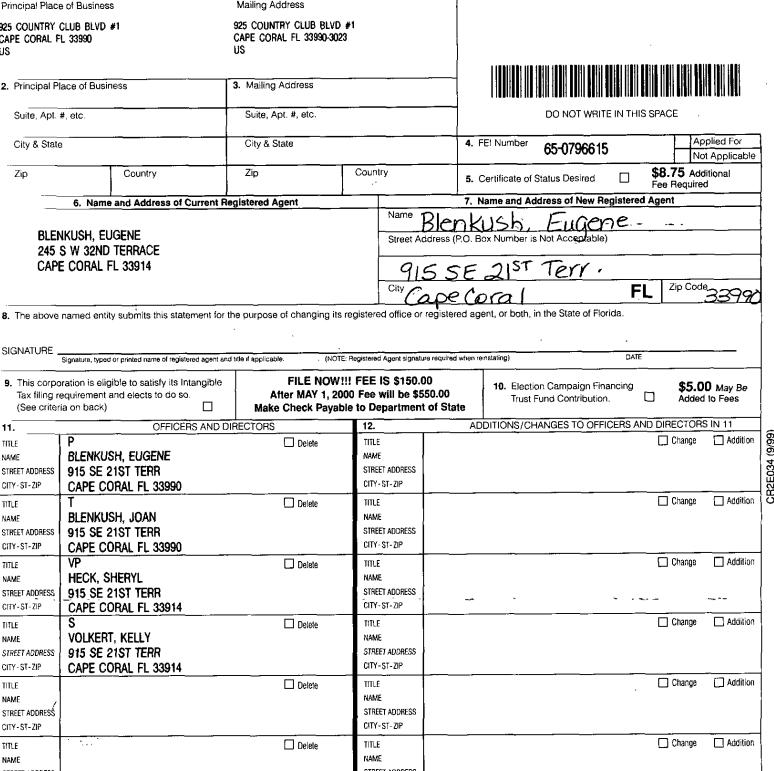
CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business		Mailing Address	
925 COUNTRY CLUB BLVD #1 CAPE CORAL FL 33990 US		925 COUNTRY CLUB BLVD #1 CAPE CORAL FL 33990-3023 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite, Apt. #, et			
City & State	<u> </u>	City & State	
	Country	City & State  Zip Country	

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90017 008 \*\*\*150.00



13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

DITLE

NAME

TITLE

MARKE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: