

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102839

1. Entity Name

MODEL 2000*, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90011 036 ***150.00

Principal Place of Business

Mailing Address

4044 W GANDY BLVD
TAMPA FL 33611

4044 W GANDY BLVD
TAMPA FL 33611-3003
US

00010400



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 **65-0798342**

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

LACY, SUSAN
4844 W GANDY BLVD
TAMPA FL 33611

Name **Sniffen, Nancy**

Street Address (P.O. Box Number is Not Acceptable)

4844 W. Gandy Blvd

City **Tampa**

FL

Zip Code
33611

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 *Nancy Sniffen*

NANCY SNIFFEN, PRES. 1/29/00

Signature, typed or printed name of registered agent, or 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 **DP** ☒ Delete
NAME **LACY, SUSAN**
STREET ADDRESS **4844 W GANDY BLVD**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **DVP** ☐ Delete
NAME **SNIFFEN, NANCY**
STREET ADDRESS **4844 W GANDY BLVD**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **SAME**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Nancy Sniffen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY SNIFFEN

Date

813-837-5700
Daytime Phone #

CR2E034 (9/99)