

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018577

1. Entity Name

ARMAND FINANCIAL SERVICES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90055 050 \*\*\*150.00

Principal Place of Business

Mailing Address

2050 TELOGIA COURT  
HOLIDAY FL 34690

2050 TELOGIA COURT  
HOLIDAY FL 34690-4317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3499010

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

ARMAND, VINCENT B  
2050 TELOGA ST  
HOLIDAY FL 34690

Name

VINCENT B. ARMAND

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

2050 TELOGIA CT.

City

HOLIDAY, FL FL

Zip Code

34690

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

VINCENT B. ARMAND, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Vincent B. Armand, Pres.  
5/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ARMAND, VINCENT B	
STREET ADDRESS	2050 TELOGIA COURT	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

VINCENT B. ARMAND - Vincent B. Armand, Pres. 5/29/00 727-934-9533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)