

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018722

1. Entity Name

COOMBES & ALVAREZ, INCORPORATED

Principal Place of Business

Mailing Address

1932 HARBOURSIDE DR.
APT 232
LONGBOAT KEY FL 34228
US

P.O. BOX 8160
LONGBOAT KEY FL 34228-8160
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOMBES, ELIZABETH D
1932 HARBOURSIDE DR.
APT 232
LONGBOAT KEY FL 34228

Please correct

Name

Street Address (P.O. Box Number is Not Acceptable)
1932 HARBOURSIDE DRIVE

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COOMBES, ELIZABETH D
P.O. BOX 8160
LONGBOAT KEY FL 34228

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOMBES, ELIZABETH D
4357 PRESIDENTIAL AVE CIRCLE EAST
BRADENTON FL 34203

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STCD
ALVAREZ, JAIME J
2079 OTTER WAY
PALM HARBOR FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

*PO Box 8160
Longboat Key FL 34228*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Elizabeth D Coombes* Elizabeth D. Coombes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000

Date

941-383-8200

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90105 028 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1806278** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)