

-2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000019694**

1. Entity Name

29TH STREET OF V.B., INC.**FILED**
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90102 018 ***150.00

Principal Place of Business

1306 29 STREET
VERO BEACH FL 32960

Mailing Address

900 9TH PL.
VERO BEACH FL 32960-6856

2. Principal Place of Business

900 9th Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

4. FEI Number

59-3534049

Applied For

Not Applicable

Zip

32960

Country

Indian River

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

-SULLIVAN, CHARLES A JR
1601 20TH STREET
VERO BEACH FL 32960

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

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 State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	SULLIVAN, MICHAEL A	369 9TH CT	VERO BCH FL 32962	<input type="checkbox"/>					
	S	RADFORD, PATRICIA S	390 8TH TERR	VERO BCH FL 32962	<input type="checkbox"/>					
	D	SULLIVAN, JR, CHARLES A	1601 20TH ST	VERO BEACH FL 32960	<input type="checkbox"/>					
	D	SULLIVAN, KATHLEEN R	875 4TH ST	VERO BCH FL 32962	<input type="checkbox"/>					
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

(561) 770-0665

Daytime Phone #

CR2E034 (9/99)