

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90032 006 ***150.00

DOCUMENT # P98000041304

1. Entity Name
C TO B OF SIESTA KEY, INC.

| | |
|---|--|
| Principal Place of Business 4640 THOMAS HOBY PLACE SARASOTA FL 34241 | Mailing Address 4640 THOMAS HOBY PLACE SARASOTA FL 34231-8843 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 6623 MIDWINTER PASS RD | 3. Mailing Address 1740 POCATELLO ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|---|-------------------------------------|------------------------------------|--|
| City & State SARASOTA, FL | City & State SARASOTA, FL | 4. FEI Number 65-0830713 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34242 | Country USA | Zip 34231 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent KNUTSON, WILLIAM H 4640 THOMAS HOBY PLACE SARASOTA FL 34241 | 7. Name and Address of New Registered Agent Name KNUTSON, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 1740 POCATELLO ST City SARASOTA FL Zip Code 34231 |
|---|---|

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 William H Knutson WILLIAM H KNUTSON 4-1-00
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 P NAME KNUTSON, WILLIAM H STREET ADDRESS 4640 THOMAS HOBY PLACE CITY-ST-ZIP SARASOTA FL 34241 | <input type="checkbox"/> Delete | TITLE P NAME KNUTSON, WILLIAM H STREET ADDRESS 1740 POCATELLO ST CITY-ST-ZIP SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VPD NAME WILKES, CATHERINE L STREET ADDRESS 4640 THOMAS HOBY PLACE CITY-ST-ZIP SARASOTA FL 34241 | <input type="checkbox"/> Delete | TITLE VPD NAME WILKES, CATHERINE L STREET ADDRESS 1740 POCATELLO ST CITY-ST-ZIP SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |
| 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 |

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: William H Knutson WILLIAM H. KNUTSON 4-1-00 (941) 925-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)