

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
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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"/>
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
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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	<input type="checkbox"/> Delete KNUTSON, WILLIAM H 4640 THOMAS HOBY PLACE SARASOTA FL 34241	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KNUTSON, WILLIAM H 1740 POCATELLO ST SARASOTA, FL 34231
TITLE VPD	<input type="checkbox"/> Delete WILKES, CATHERINE L 4640 THOMAS HOBY PLACE SARASOTA FL 34241	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILKES, CATHERINE L 1740 POCATELLO ST SARASOTA, FL 34231
TITLE SD	<input type="checkbox"/> Delete WILKES, CATHERINE L 4640 THOMAS HOBY PLACE SARASOTA FL 34241	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILKES, CATHERINE L 1740 POCATELLO ST SARASOTA, FL 34231
TITLE T	<input type="checkbox"/> Delete KNUTSON, WILLIAM H 4640 THOMAS HOBY PLACE SARASOTA FL 34241	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KNUTSON, WILLIAM H 1740 POCATELLO ST SARASOTA, FL 34231
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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)