

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044430

1. Entity Name

CONCORDE HYPOLUXO, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90024 045 ***150.00

Principal Place of Business

Mailing Address

~~11015 NORTH DALE MABRY HIGHWAY~~
~~TAMPA FL 33618~~

~~11015 NORTH DALE MABRY HIGHWAY~~
~~TAMPA FL 33618-3801~~

2. Principal Place of Business

13014 N. DALE MABRY HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 356

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number 59-3515826

Applied For

Not Applicable

Zip

33618

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

MURPHY, THOMAS J
11015 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618

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 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 DV ☐ Delete
NAME AUGER, ALBERT R JR.
STREET ADDRESS ~~400 COUNTRYWIDE DRIVE~~
CITY-ST-ZIP ~~LONGWOOD FL 32777~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 183 NEW GATE LOOP
CITY-ST-ZIP HEATHROW, FL 32746

TITLE DVT ☐ Delete
NAME MURPHY, THOMAS J
STREET ADDRESS 11015 NORTH DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RAPPAPORT, A G
STREET ADDRESS ~~11015 NORTH DALE MABRY HIGHWAY~~
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13014 N. DALE MABRY-SUITE 356
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME SCHWENCKE, KIM M
STREET ADDRESS ~~11015 NORTH DALE MABRY HIGHWAY~~
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13014 N. DALE MABRY-SUITE 356
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME CHANDLER, KEVIN A
STREET ADDRESS ~~11015 N DALE MABRY HWY~~
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13014 N. DALE MABRY-SUITE 356
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Thomas J. Murphy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-15-00 Daytime Phone # 813 269-0899

CR2E034 (9/99)