

2000 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-11-2000 90307 039 ***150.00

DOCUMENT # P98000070841

1. Entity Name
CIRCLE EIGHT, INC.

Principal Place of Business

**2122 PARK ST. N
ST. PETERSBURG FL 33710**

Mailing Address

**2122 PARK ST. N
ST. PETERSBURG FL 33710-3650**

2. Principal Place of Business

105 B 110TH AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 47397

Suite, Apt. #, etc.

City & State

TREASURE ISLAND, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3526264

Applied For

Not Applicable

Zip
33706

Country
USA

Zip

33743

Country
USA

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

CARD, ROBERT W

2122 PARK ST. N

ST. PETERSBURG FL 33710

Name

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

~~PO BOX 47397~~ 105 B 110TH AVE

City

TREASURE ISLAND

FL

Zip Code

33743

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.

33706

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
CARD, ROBERT W
2122 PARK ST N
ST PETERSBURG FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**105 B 110TH AVE
TREASURE ISLAND, FL 33706** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

(727)368-9334

Date

Daytime Phone #

CR2E034 (9/99)