

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097813

1. Entity Name

CHEEK INVESTMENTS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90114 001 *1,587.50

Principal Place of Business

Mailing Address

200 E ROBINSON ST
SUITE 450
ORLANDO FL 32801

200 E ROBINSON ST
SUITE 450
ORLANDO FL 32801-1989

13362

2. Principal Place of Business

10125 W. COLONIAL DR.

3. Mailing Address

10125 W. COLONIAL DR.

Suite/Apt. #, etc.

212

Suite/Apt. #, etc.

212

City & State

OCDEE, FL

City & State

OCDEE, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMILLO, JOSEPH
200 E ROBINSON ST, SUITE 450
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Joseph Camillo

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

10125 W. COLONIAL DR.

Suite 212

City

OCDEE

FL

Zip Code

34761

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

Joseph Camillo/ps

Joseph Camillo

3/28/00

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

TITLE PD
NAME CAMILLO, JOSEPH
STREET ADDRESS 200 E ROBINSON ST, SUITE 450
CITY-ST-ZIP ORLANDO FL 32801

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/O
NAME Joseph Camillo
STREET ADDRESS 10125 W. COLONIAL DR. # 212
CITY-ST-ZIP OCDEE, FL. 34761

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Joseph Camillo/ps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00

407-822-3664

CR2E034 (9/99)