

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098962

1. Entity Name
STAFFORD DEMARCO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 28 AM 6:11

Principal Place of Business Mailing Address
2569 Countryside Blvd
Suite 7A
Clearwater, FL 33761
Same

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544905 Applied For
Not Applicable

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

Cosnow, Jeffrey E
3450 East Lake Road
Palm Harbor, FL 34685

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	D. Marco, David	
STREET ADDRESS	2569 Countryside Blvd. Ste. 7A	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	Drew, Beverly	
STREET ADDRESS	2569 Countryside Blvd. Ste. 7A	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	Drew, Beverly	
STREET ADDRESS	2569 Countryside Blvd. Ste. 7A	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300003415693-2
-10/05/00--01107--012
****150.00 ****150.00

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: Beverly Drew Beverly Drew 9-25-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Stafford DeMarco, Inc.

September 25, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am sorry to report that we did not receive our Corporation Annual Report for 2000. By the time I noticed the absence of this report we were past the deadline. Please excuse us and waive the late fees for this error. I can assure you that I will not make this mistake again.

Sincerely,



Ava Pierce
General Manager