

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-07-2000 90008 019 ***150.00

DOCUMENT # PA000099239
 1. Entity Name
SPECIAL EFFORT TRANSFER, INC.

Principal Place of Business 418 GARDSTONE PL - SEC PL 33573
OLD - PO Box 5331, SUN CITY CTR, FL, 33571
NEW - 132 AZALEA TRAIL
LEESBURG, FL 34748

2. Principal Place of Business
132 AZALEA TR, LEESBURG, FL 34748
 Suite, Apt. #, etc. 0

3. Mailing Address
132 AZALEA TR, LEESBURG, FL 34748
 Suite, Apt. #, etc. 0

City & State
LEESBURG, FL
 Zip 34748 Country LAKE

4. FEL Number
59-354-9200
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Estelle E Lampert
132 Azalea TRAIL
Leesburg FL 34748

7. Name and Address of New Registered Agent
 Name NA
 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 Estelle Lampert
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Estelle Lampert</u> <u>same as above</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Pres.</u> <u>DARIS Lampert</u> <u>as above</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Estelle Lampert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/26/00 Daytime Phone # 352 435-0274

CR2E034 (9/93)