

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100650

1. Entity Name

TRAFALGAR SQUARE OF VERO BEACH, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90114 026 ***150.00

Principal Place of Business

6210 N A-1-A
 INDIAN RIVER SHORES FL 32963

Mailing Address

6210 N A-1-A
 INDIAN RIVER SHORES FL 32963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0881986

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, SHERMAN N III
 1717 INDIAN RIVER BLVD
 SUITE 301
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name ~~XXXXXXXXXXXXXXXXXXXX~~
 Street Address (P.O. Box Number is Not Acceptable) ~~XXXXXXXXXXXXXXXXXXXX~~
 City ~~XXXXXXXXXXXX~~ FL Zip Code ~~XXXXXX~~

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HORSLEY, L. HERBERT	
STREET ADDRESS	6210 N A-1-A	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORSLEY, EMELIE A	
STREET ADDRESS	6210 N A-1-A	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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: L. Herbert Horsley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00 561-231-6506
 Date Daytime Phone #



Trafalgar Square

ESTABLISHED 1952

Attachment
P98000100650
B0103967

July 25, 2000


Division of Corporations
Uniform Business report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

We just received the enclosed second notice. We did not receive the first notice. Per Gary, I am attesting to this fact by putting this in writing.

Thank you for your kind consideration of this matter.

Sincerely,


L. Herbert Horsley
Owner, Trafalgar Square