2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002465

Country

CORPORATION SERVICE COMPANY

TALLAHASSEE FL 32301-2525

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

CLARIE, D'ARCY

1101 PASADENA AVENUE SOUTH #1

1101 PASADENA AVENUE SOUTH #1

1101 PASADENA AVENUE SOUTH #1

SOUTH PASADENA FL 33707

REISCHMANN, WILLIAM E SR.

SOUTH PASADENA FL 33707

REISCHMANN, CHARLES F

SOUTH PASADENA FL 33707

(See criteria on back)

11.

TITLE

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NAME

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TITLE NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-7IF

STREET ADORESS

CITY-ST-ZIP

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CITY-ST-ZIP

8. The above named entity submits this stater

1201 HAYS STREET

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

CLARIE, GRAVES, REISCHMANN, P.A.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1101 PASADENA AVENUE SOUTH #1 SOUTH PASADENA FL 33707

1101 PASADENA AVENUE SOUTH #1 SOUTH PASADENA FL 33707-2815

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITI F

NAME

TITLE

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STREET ADDRESS

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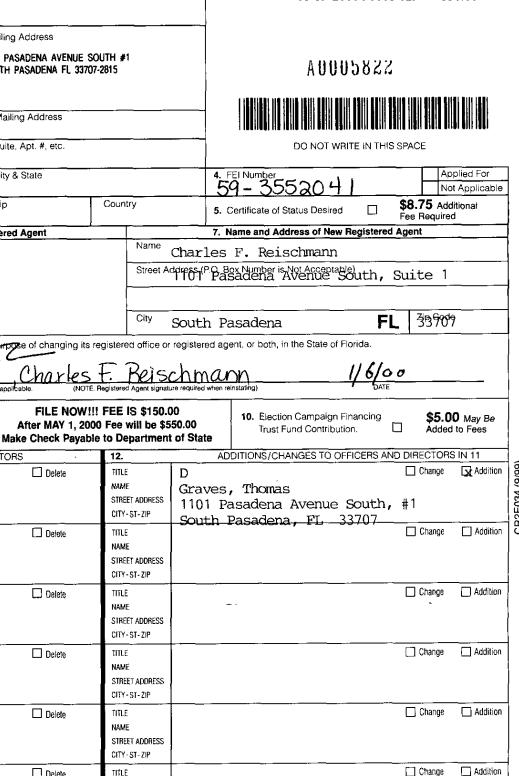
City

Reischmann 1/6/60

Daytime Phone #

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90001 029 ***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 empowared 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 entire like empowered. changed, or on an attachment with an addition

CITY-ST-ZIP

TITI F

SIGNATURE:

PED OR PRINTED NAME OF SIGNING O