

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000031383**

1. Entity Name

SQUARE FOOT, INC.**FILED**
Apr 28, 2000 8:00 am
Secretary of State

02-21-2000 90011 032 ***158.75

Principal Place of Business

Mailing Address

607 E. SAN SEBASTIAN CT.
ALTAMONTE SPRINGS FL 32714607 E. SAN SEBASTIAN CT.
ALTAMONTE SPRINGS FL 32714-3011

2. Principal Place of Business

3. Mailing Address

1706 E Semoran Blvd

1706 E Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#106

#106

City & State

Apopka FL

Zip

32703

Country

City & State

Apopka FL

Zip

32703

Country

4. FEL Number

59-3578335

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

DIROCCO, CHRISTOPHER P
607 E. SAN SEBASTIAN CT.
ALTAMONTE SPRINGS FL 32714

Name

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

1706 E Semoran Blvd #106

City

Apopka

FL

Zip Code

32703

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

Christopher P. DiRocco

2/15/00

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 State10. 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|--|--|---|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | DIROCCO, CHRISTOPHER 607 E. SAN SEBASTIAN CT. ALTAMONTE SPRINGS FL 32714 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1706 E Semoran Blvd #106 Apopka FL 32703 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:

Christopher P. DiRocco

2/15/00

4078890064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #