

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034535

1. Entity Name

FLORIDA RELOCATION SERVICES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90065 026 ***150.00

Principal Place of Business

Mailing Address

6521 RIDGE ROAD STE. 3
PORT RICHEY FL 34668

6521 RIDGE ROAD STE. 3
PORT RICHEY FL 34668-6836

2. Principal Place of Business

6911 SR 54

3. Mailing Address

6911 SR 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

59-3570877

Applied For

Not Applicable

Zip

34653

Country

US

Zip

34653

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZYLKA, BROOKE
6521 RIDGE ROAD STE. 3
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name: Brooke Zylka

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

6911 SR 54

New Port Richey, FL

City: New Port Richey

FL

Zip Code: 34653

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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: PRESIDENT, SECRETARY
NAME: DIRECTOR, TREASURER
STREET ADDRESS: FRED STRICKROOT
CITY-ST-ZIP: 4603 TARAY LN, HOLIDAY, FL 34690 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000 727-842-2966

Date

Daytime Phone #

CR2E034 (9/99)