

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042670

1. Entity Name

A.S.A.P. TAX AND LIEN SEARCH, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90048 001 ***150.00

Principal Place of Business

Mailing Address

~~6800 N.E. 22ND WAY, #2123~~
~~FT. LAUDERDALE FL 33308~~

~~6800 N.E. 22ND WAY, #2123~~
~~FT. LAUDERDALE FL 33308-1215~~

2. Principal Place of Business

3. Mailing Address

75 NE 44 STREET

Suite, Apt. #, etc.

Suite #9

City & State
FT. LAUDERDALE, FL

Zip
33334

Country
BROWARD

Suite, Apt. #, etc.

City & State

Zip

Country

SAME



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0917840

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

Name

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

City

FL

Zip Code

CITARELLA, FRANCINE

~~6800 N.E. 22ND WAY, #2123~~
~~FT. LAUDERDALE FL 33308~~

75 NE 44 ST.
Suite #9
FT. LAUDERDALE, FL
33334

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
CITARELLA, FRANCINE
~~6800 N.E. 22ND WAY, #2123~~
~~FT. LAUDERDALE FL 33308~~

75 NE 44 ST
Suite 9
FT. LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

D
SPATAFORA, MARYANN
6800 N.E. 22ND WAY, #2123
FT. LAUDERDALE FL 33308

TITLE
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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:

Francine Citarella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 (954-229-9877)
Date Daytime Phone #

FRANCINE CITARELLA

CR2E034 (9/99)