

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-22-2000 90185 005 ***150.00

DOCUMENT # P99000042952

1. Entity Name

ALL COUNTY PROPERTY MANAGEMENT AND REALTY, INC.

Principal Place of Business

Mailing Address

~~4700 66 STREET NORTH~~
~~ST. PETERSBURG FL 33709~~

~~4700 66 STREET NORTH~~
~~ST. PETERSBURG FL 33709-3114~~

2. Principal Place of Business

3. Mailing Address

2898 66th ST. N.

2898 66th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. Petersburg, FL.

ST. Petersburg, FL.

Zip

Country

Zip

Country

33710

USA

33710

USA

4. FEI Number

Applied For

59-3576473

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

GRIECO, DANIEL J II
9089 BELCHER ROAD
PINELLAS PARK FL 33782

Name

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

City

FL

Zip Code

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 **P** ☐ Delete
NAME **DEVRIES, RANDALL**
STREET ADDRESS **4700 66 STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

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

TITLE **ST** ☐ Delete
NAME **FERRERA, SANDRA**
STREET ADDRESS **4700 66 STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra Ferrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00
Date

(727) 541-2578
Daytime Phone #

CR2E034 (9/99)