

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046836

1. Entity Name

FLUET REAL ESTATE MANAGEMENT CORPORATION

05-09-2000 90105.024 ***150.00

P99000046836

FILED

00 JUL -6 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1150 PARK STREET NORTH
ST. PETERSBURG FL 33710

1150 PARK STREET NORTH
ST. PETERSBURG FL 33710-4338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3585627

Applied F

Not Appli

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

VALENTE, ANTHONY P JR.
2730 CENTRAL AVE
ST. PETERSBURG FL 33712

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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLUET, SANDRA 1150 PARK STREET NORTH ST. PETERSBURG FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLUET, SANDRA 9209 YELLOW LAKE DR NEW PORT RICHEY, FL 34654	☒ Change ☐ A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELILLO, DENISE 1150 PARK STREET NORTH ST. PETERSBURG FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐

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 B changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SANDRA FLUET PRES 4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #