

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046836

1. Entity Name

FLUET REAL ESTATE MANAGEMENT CORPORATION

Principal Place of Business

1150 PARK STREET NORTH  
ST. PETERSBURG FL 33710

Mailing Address

1150 PARK STREET NORTH  
ST. PETERSBURG FL 33710

2. Principal Place of Business

9209 YELLOW LAKE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

9209 YELLOW LAKE DRIVE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

34654

Country

City & State

NEW PORT RICHEY, FL

Zip

34654

Country

4. FEI Number

59-3585627

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

JEAN FLUET

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

9209 YELLOW LAKE DRIVE

City

NEW PORT RICHEY

FL

Zip Code

34654

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

*Jean Fluét*

*Pres.*

4-18-02

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **D** ☒ Delete  
NAME **FLUET, SANDRA**  
STREET ADDRESS **1150 PARK STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **D** ☒ Delete  
NAME **MELILLO, DENISE**  
STREET ADDRESS **1150 PARK STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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  
NAME **PRESIDENT**  
STREET ADDRESS **JEAN FLUET**  
CITY-ST-ZIP **9209 YELLOW LAKE DRIVE**  
**NEW PORT RICHEY, FL 34654**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*JEAN FLUET*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN FLUET President

4-18-02

Date

Daytime Phone #

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90088 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

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