

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060273

1. Entity Name

CORNER LOT, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90071 047 ***150.00

Principal Place of Business

2033 MAIN ST #304
SARASOTA FL 34237

Mailing Address

46 N WASHINGTON BLVD. #1
SARASOTA FL 34236-5932

2. Principal Place of Business

3. Mailing Address

2033 Main St.

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

34237

Country

4. FEI Number

65-0932941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROTEN, REX A
46 N WASHINGTON BLVD, #1
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Mary Kelly

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

2033 Main St.

Suite 104

City

Sarasota

FL

Zip Code

34237

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

Mary L. Kelly

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.24.00

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 ☐ Delete
NAME D/P Jarallah, Samir
STREET ADDRESS 2033 Main St., Suite 104
CITY-ST-ZIP SARASOTA, FL 34237

TITLE ☐ Delete
NAME D/S Kelly, Mary L.
STREET ADDRESS 2033 Main St., Suite 104
CITY-ST-ZIP SARASOTA, FL 34237

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

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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:

Mary L. Kelly, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.00

Date

(941) 366-4217

Daytime Phone #

CR20034 (1/99)