

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064743

1. Entity Name

CENTRAL FLORIDA BUSINESS BROKERS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90443 041 ***150.00

Principal Place of Business

210 W WYMORE RD
 WINTER PARK FL 32789

Mailing Address

210 W WYMORE RD
 WINTER PARK FL 32789-3455

2. Principal Place of Business

500 N. MAITLAND AVE.

Suite, Apt. #, etc.

101

3. Mailing Address

500 N. MAITLAND AVE

Suite, Apt. #, etc.

101

City & State

MAITLAND FL

City & State

MAITLAND FL

4. FEI Number

59-3589147

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

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

CATHCART, CHRISTOPHER C
 210 W WYMORE RD
 WINTER PARK FL 32789

Name
 A J Mixner

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

500 N. MAITLAND AVE

Suite 101

City
 MAITLAND

FL

Zip Code
 32751

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]

A. J. Mixner

4.27.00

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	D	<input type="checkbox"/> Delete
NAME	MIXNER, A J	
STREET ADDRESS	210 W WYMORE RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500 N. MAITLAND AVE # 101	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. J. Mixner

Date

4/27/00

Daytime Phone #

407-599-0050

CR2E034 (9/99)