

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067130

1. Entity Name

XANATOS ENTERPRISES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90052 036 ***150.00

Principal Place of Business

P.O. BOX 10458
SARASOTA FL 34278-0458

Mailing Address

P.O. BOX 10458
SARASOTA FL 34278-0458

2. Principal Place of Business

3723 POND VIEW LANE

3. Mailing Address

P.O. Box 10458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34235

City & State

SARASOTA FL.

4. FEI Number

65-0927830

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

34278-0458

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

GERHART, ROBERT R
3723 POND VIEW LN.
SARASOTA FL 34235

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 ☐ Delete
NAME PRESIDENT / SECRETARY
STREET ADDRESS ROBERT R. GERHART
CITY-ST-ZIP 3723 POND VIEW LN.
SARASOTA, FL 34235

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Robert R. Gerhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

1-941 957 0988

Daytime Phone #

CR2E034 (9/99)