

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068092

1. Entity Name

FTL ENTERPRISES, INC

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90050 038 ***150.00

Principal Place of Business

7512 DR. PHILLIPS BLVD., SUITE 50-315
ORLANDO FL 32819

Mailing Address

7512 DR. PHILLIPS BLVD., SUITE 50-315
ORLANDO FL 32819-5131

2. Principal Place of Business

2780 E. Fowler Ave

3. Mailing Address

2780 E. Fowler Ave

Suite, Apt. #, etc.

#234

Suite, Apt. #, etc.

#234

City & State

Tampa

City & State

Tampa

4. FEI Number

59-3592272

Applied For

Not Applicable

Zip

Country

33612

US

Zip

Country

33612

US

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

Name

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

City

FL

Zip Code

MCGRODER, PATRICK
1206 N CR 427
LONGWOOD FL 32750

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 NAME STREET ADDRESS CITY-ST-ZIP	D LEGER, FRANCIS 1604 E SPRING RIDGE CIRCLE WINTER GARDEN FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGER, CHRISTINA 1604 E SPRING RIDGE CIRCLE WINTER GARDEN FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-00 813-907-1314

CR2E034 (9/99)