## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000070097 Jul 20, 2000 8:00 am 1. Entity Name Secretary of State THERESA SANTO INCORPORATED 07-20-2000 90012 046 \*\*\*\*25.00 05-22-2000 90014 007 \*\*\*125.00 Principal Place of Business Mailing Address 6801 13TH ST. NORTH 6601 13TH ST. NORTH ST. PETERSBURG FL 33702-7413 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Theresa Santo Co. Street Address (P.O. Box Number is Not Acceptable). SANTO, THERESA J 6601 13TH ST. NORTH ST. PETERSBURG FL 33702 Zio Code City 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. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00-May.Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Chack Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT/TREAS. V PRES. ☐ Change Defete TITLE THERESA SANTO Bolcon Scott A. Balcom NAME STREET ADDRESS STREET ADDRESS 6601-13015tm. 6601-1341 Ot N. CITY-ST-ZIP 3+.Pete PL 33702 CITY-ST-7P St. Pelcesburg FL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete IME NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ET-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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 attachr