## 2000 UNIFORM BUSINESS REPORT (UBR)

6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name -  Normal -  Street Address (P.C. Box Number is Not Acceptable)  City  FL  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 Rorida.  SIGNATURE  Signature, types of printed name of registered agent and title if sopticable.  (NOTE: Registered Agent signature required when retrateing)  DAITE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See oriteria on back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STAMIAMI TRAIL  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ORIGINATE OFFICERS AND DIRECTORS  CITY-ST-ZIP  ORIGINATE OF NORTH Registered Agent  (NOTE: Registered Agent signature required when retrateing)  DAITE  10. Election Campaign Financing  Trust Fund Contribution.  Cofficers AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	
VENICE FL 34299  VENICE FL 34293-3129  VENICE FL 34293	
Suite, Apt. #, etc.  City & State  Name  Name  Name  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  FL  City  FL  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida.  SIGNATURE  Suprature, typed or printed name of registered agent and title if accidable.  (NOTE Registered Agent signature required whon retreated of the control of the purpose of changing its registered agent, or both, in the State of Plorida.  SIGNATURE  Suprature, typed or printed name of registered agent and title if accidable.  (NOTE Registered Agent signature required whon retreated of the control of Plorida.  SIGNATURE  Suprature, typed or printed name of registered agent and title if accidable.  (NOTE Registered Agent signature required whon retreated of Plorida.  In Election Campaign Financing Trust Fund Contribution.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIR  TITLE  NAME SIRET ADDRESS CITY-ST-2P  NILE  NAME SIRET ADDRESS CITY-ST-2P  NILE  Deidle  TITLE  Deidle  TIT	
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$8. Fee  6. Name and Address of Current Registered Agent  Name  MOORE, ROBERT L  227 NOKOMIS AVE S  VENICE FL 34285  City  FL  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 Rorida.  SIGNATURE  Signature, typeo or private name of registered agent and file if applicable.  (NOTE Registered Agent dignetive required when refrestoring)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  TITLE  MAME  SHIPPS, PETER  Baster ADDRESS  CITY-ST-2P  VENICE FL 34293  TITLE  MAME  SHIPPS, PETER  Bast S TAMIAMI TRAIL  CITY-ST-2P  VENICE FL 34293  TITLE  MAME  SHIPPS ADDRESS  CITY-ST-2P  V	ta mitai miita iidi laat
Zip Country Zip Country 5, Certificate of Status Desired \$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)  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 Plorida.  SIGNATURE  Signature, types or printed name of registered agent and Sile it applicable. (NOTE: Registered Agent signature required when retinating) Date  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SHIPPS, PETER 1831 S TAMIAMI TRAIL SHEET ADDRESS CITY-ST-ZIP VENICE FL 34283  TITLE NAME SHIPPS, PETER 1831 S TAMIAMI TRAIL SHEET ADDRESS CITY-ST-ZIP VENICE FL 34283  TITLE NAME SHIPPS, PETER 1831 S TAMIAMI TRAIL SHEET ADDRESS CITY-ST-ZIP TITLE NAME SHIPPS, PETER SHIPPS, PETER SHIPPS, PETER 1831 S TAMIAMI TRAIL SHEET ADDRESS CITY-ST-ZIP TITLE NAME SHIPPS, PETER SHIPPS,	Æ
S. Certificate of Status Desired   Fee    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    MOORE, ROBERT L   227 NOKOMIS AVE S    VENICE FL 34285   City   FL    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 Plorida.  SIGNATURE   Suprature, typeo or primed name of registered agent and site it applicable. (NOTE: Registered Agent suprature required when reintesting)   DATE    9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES	Applied For Not Applicable
MOORE, ROBERT L 227 NOKOMIS AVE S VENICE FL 34285  City  City  FL  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 Riorida.  SIGNATURE  Signature, typeo or primed name of registered agent and side if applicable.  (NOTE: Registered Agent algorithm required when refrestating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  TITLE  NAME SREET ADDRESS CITY-ST-ZP  VENICE FL 34283  TITLE  MAME SREET ADDRESS CITY-ST-ZP  WILLE  Delete  TITLE  NAME SREET ADDRESS CITY-ST-ZP  WILLE  Delete  TITLE	75 Additional Required
MOORE, ROBERT L 227 NOKOMIS AVE S VENICE FL 34285  City  City  FL  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 Plorida.  SIGNATURE  Signature, types or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when relicated by the state of Plorida.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1831 S TAMIAMI TRAIL  STREET ADDRESS  CITY-ST-ZIP  TITLE  IMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete	
227 NOKOMIS AVE S VENICE FL 34285  City FL  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, types or printed name of registered agent and life it spokeable. (NOTE: Registered Agent algorithms required when retrievaling)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STAMIAMI TRAIL  STREET ADDRESS  CITY-ST-ZIP  WILLE  Delate  111. Delate  111. Delate  111. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  111. OFFICERS AND DIRECTORS  112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  113. STAMIAMI TRAIL  STREET ADDRESS  CITY-ST-ZIP  111. Delate  114. Delate  115. TILE  116. Delate  117. TILE  117. TILE  118. Delate  117. TILE  118. Delate  117. TILE  119. Delate  119. TILE  119. Delate  119. Election Campaign Financing  119. Tile  119. Election Campaign Financing  119. Tile  119. Delate  110. Election Campaign Financing  119. Tile  119. Tile  119. Delate  119. Tile  11	
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SIGNATURE    Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	
TITLE NAME SHIPPS, PETER STREET ADDRESS CITY-ST-ZIP VENICE FL 34293  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  Delete TITLE  Delete TITLE  Delete TITLE  Delete	\$5.00 May Be Added to Fees
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TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE	Change Addition
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	Change Addition