

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076619

1. Entity Name

FLORIDA DESK GROUP, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90064 015 ***150.00

Principal Place of Business

5728 MAJOR BLVD., STE. 550
ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD., STE. 550
ORLANDO FL 32819-7955

2. Principal Place of Business

1726 W. BROADWAY

Suite, Apt. #, etc.

3. Mailing Address

1726 W. BROADWAY

Suite, Apt. #, etc.

City & State

OVIEDO FL

City & State

OVIEDO FL

Zip

32765

Country

USA

Zip

32765

Country

USA

4. FEI Number

59-3599657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name MICHAEL HANNWACKER

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

1726 W. BROADWAY

City

OVIEDO

FL

Zip Code

32765

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

Michael Hannwacker PRESIDENT

3-5-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HANNWACKER, MICHAEL	
STREET ADDRESS	5728 MAJOR BLVD., STE. 550	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MARINA HANNWACKER	
STREET ADDRESS	1505 N.	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNWACKER, MICHAEL	
STREET ADDRESS	1726 W. BROADWAY	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNWACKER, MARINA	
STREET ADDRESS	1726 W. BROADWAY	
CITY-ST-ZIP	OVIEDO, FL 32765	
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 all other like empowered.

SIGNATURE:

Michael Hannwacker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-00

Date

407-365-8511

Daytime Phone #

CR2E034 (9/99)