

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087951

1. Entity Name

B L TEA OF NEW PORT RICHEY, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90039 023 ***150.00

826378



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7302 DAGGETT TERRACE NEW PORT RICHEY FL 34655	7302 DAGGETT TERRACE NEW PORT RICHEY FL 34655-2522

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3609745	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ST ARNOLD, JACK R 1370 PINEHURST ROAD DUNEDIN FL 34698

7. Name and Address of New Registered Agent		
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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																								
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20 - 0000

Date

Daytime Phone #

CR2E034 (9/93)