

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 13, 2000 8:00 am
Secretary of State

06-08-2000 90016 030 ***150.00

DOCUMENT # P99000088387

1. Entity Name

U.S. WHOLESALE OF CENTRAL FLORIDA, INC.

R

Principal Place of Business

501 S. FALKENBURG RD., STE. D-14
 TAMPA FL 33619

Mailing Address

501 S. FALKENBURG RD., STE. D-14
 TAMPA FL 33619-8036

2. Principal Place of Business:

7802 PROFESSIONAL PL #B

Suite, Apt. #, etc.

HB

City & State

TAMPA FLORIDA

Zip

33637

Country

H/11/60/15/6

3. Mailing Address

7802 PROFESSIONAL PL

Suite, Apt. #, etc.

HB

City & State

TAMPA FL

Zip

33637

Country

H/11/60/15/6



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3603387

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BURNETT, JOHN

**215 VERNE ST., STE. B
 TAMPA FL 33606-2332**

→ SAME

7. Name and Address of New Registered Agent

Name

JOHN BURNETT

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

215 VERNE ST. STE. B

City

TAMPA

FL

Zip Code

33606

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 \$350.00

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 **PRESIDENT** ☐ Delete
 NAME **DAVID STRENKOSKI**
 STREET ADDRESS **3013 KING JOHN PL**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **PRESIDENT** ☐ Delete
 NAME **DAVID STRENKOSKI**
 STREET ADDRESS **3013 KING JOHN PL**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

DAVID STRENKOSKI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-30-2000

Daytime Phone #

813-983-0524

CR2E034 (9/99)