

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90106 050 ***158.75

DOCUMENT # P99000092800

1. Entity Name

445 PALM AVE., INC.

Principal Place of Business

Mailing Address

707 S. WASHINGTON BLVD.
 SARASOTA FL 34237

707 S. WASHINGTON BLVD.
 SARASOTA FL 34236-7835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34236

34236

4. FEI Number

05-0959026

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSICK, ROBERT E
 % ICARD MERRILL CULLIS TIMM FUREN & GINSBU
 2033 MAIN STREET
 SARASOTA FL 34237

Name

John Tosch

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

606 Sarasota Ford

707 S. Washington Blvd.

City

Sarasota

FL

Zip Code

34236

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

John Tosch

04/24/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, VERNON G	
STREET ADDRESS	707 S. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, EDWARD	
STREET ADDRESS	707 S. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, W. MACK	
STREET ADDRESS	707 S. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, CAROL E	
STREET ADDRESS	707 S. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOSCH, JOHN	
STREET ADDRESS	707 S. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSA, SALVATORE	
STREET ADDRESS	707 S. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D.T
STREET ADDRESS	Rosa, Salvatore
CITY-ST-ZIP	707 S. Washington Blvd. Sarasota, FL 34236

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: Salvatore Rosa Salvatore Rosa, Treasurer 04/24/00 366-5230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #