

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099349

1. Entity Name

FL ENTERPRISES SALES & MARKETING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90004 028 ***150.00

Principal Place of Business

Mailing Address

7232 SANDLAKE ROAD STE 300
ORLANDO FL 32819

7232 SANDLAKE ROAD STE 300
ORLANDO FL 32819-5255

2. Principal Place of Business

3. Mailing Address

5529 INTERNATIONAL DR

5529 INTERATIONAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

ORLANDO, FL

4. FEI Number

59-3607894

Applied For

Not Applicable

Zip

Country

32819

ORANGE

Zip

Country

32819

ORANGE

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

STAPE, FRANK
7232 SANDLAKE ROAD STE 300
ORLANDO FL 32819

Name - STAPE, FRANK II

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

5529 INTERNATIONAL DR

City ORLANDO

FL

Zip Code 32819

8. The above named entity submits this statement to 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 \$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 PD
NAME STAPE, FRANK
STREET ADDRESS 7232 SANDLAKE ROAD STE 300
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

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

TITLE VD
NAME CAMPBELL, DONNETTE R
STREET ADDRESS 2065 DUNS福德 DRIVE
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE VD
NAME STAPE, TERRY
STREET ADDRESS 7232 SANDLAKE ROAD STE 300
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

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

TITLE ~~SB~~ PRESIDENT/SECRETARY
NAME STAPE, FRANK II
STREET ADDRESS 7232 SANDLAKE ROAD STE 300
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #