

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000103349**

1. Entity Name

CD & CB CONSULTING, INC.**FILED****Sep 06, 2000 8:00 am**
Secretary of State

07-07-2000 90394 014 ***150.00

Principal Place of Business

**1266 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689**

Mailing Address

**1266 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3639792

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****JOSEPH, JUSTIN G
1266 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689****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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PS** ☐ Delete
NAME **FRAGALE, JOHN C**
STREET ADDRESS **1266 S. PINELLAS AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

Daytime Phone #

CR2E034 (5/00)

DOC # P99 000103349

20265

CD & CB Consulting, Inc.
900 North Pinellas Ave.
Tarpon Springs, FL 34689

August 31, 2000

To Whom It May Concern:

I am writing to request forgiveness for filing my 2000 Business Report, late as I did not receive my form in time and was not aware that I needed to file one. I have already sent One with my check for \$150.00. Please let me know what I need to do, I spoke with someone at your office and was told that I should write this letter of explanation.

In the meanwhile I have received my FEI # which is filled in on the report included.

- Thank You, -

Chris Fragale

Chris Fragale