

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109371

1. Entity Name
U.S. 27 SEBRING, FLORIDA, INC.

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

03-07-2000 90048 024 ***150.00
09-12-2000 90016 016 ***550.00

Principal Place of Business
6096 N.W. 24TH ST.
BOCA RATON FL 33434

Mailing Address
6096 N.W. 24TH ST.
BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6495 TRANSIT ROAD
Suite, Apt. #, etc.

City & State
Bowmansville NY 14026

City & State
Bowmansville NY 14026

Zip
14026

Country
ERIE

4. FEI Number
65-0969550

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
CORPORATION Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYES STREET
TALLAHASSEE FL 32301
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMER, DONALD L 6096 N.W. 24TH ST. BOCA RATON FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Joseph A. Cipolla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6495 TRANSIT RD BOWMANVILLE N.Y. 14026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Pasquale D. Cipolla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6390 FOX RUN CIRCLE JUPITER FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Mary M. Rippea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6390 FOX RUN CIRCLE JUPITER FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Penny D. Cipolla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4137 SUSAN DR WILLIAMSBURG, N.Y. 14221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED DATE: 8/31/00 (716) 684-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

attachment
P99000109371
B0105985

→ need to ~~091100~~
a "Name Change
Amendment."
attachment
P99000109371