

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35916

1. Entity Name

SEVEN-SEVEN-ROMEO, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90050 031 ***150.00

Principal Place of Business

Mailing Address

13133 BURNING TREE AVE.
FT. MYERS FL 33919

13133 BURNING TREE AVE
FT MYERS FL 33919-7938
US

LU062170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PAGE FIELD
Suite, Apt. #, etc.

3. Mailing Address

13133 BURNING TREE AVE
Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

59-2133258

Applied For

Not Applicable

Zip
33919

Country

USA

Zip

33919

Country

USA

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

SHERER, MICHAEL T.
13133 BURNING TREE AVE.
FT. MYERS FL 33919

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 \$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	SD	☐ Delete
NAME	SCIPLE, SARAH S.	
STREET ADDRESS	5829 WILD FIG LANE, SW	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	PTD	☐ Delete
NAME	SHERER, MICHAEL T.	
STREET ADDRESS	13133 BURNING TREE AVE.	
CITY-ST-ZIP	FT. MYERS FL-33919	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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: SCIPPLE, SARAH S.

12 April 00 941-489-4008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)