

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90041 005 ***150.00

DOCUMENT # S51915

1. Entity Name

GARRY AND DONNA SIEVERS, INC.

Principal Place of Business

Mailing Address

**31193 AVENUE A
 BIG PINE KEY FL**

**P.O. BOX 431544
 BIG PINE KEY FL 33043-1544**

2. Principal Place of Business

31193 AVE A

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 431544

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BIG PINE KEY FL

Zip

33043

Country

FLORIDA

City & State

BIG PINE KEY FL

Zip

33043

Country

FLORIDA

4. FEI Number

65-0257530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIEVERS, DONNA G.
 29053 MARIGOLD LANE
 BIG PINE KEY FL 33043**

7. Name and Address of New Registered Agent

Name

DONNA G. SIEVERS

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

31193 AVE A

City

BIG PINE KEY

FL

Zip Code

33043

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

Donna G. Sievers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2000

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

TITLE	PV	<input type="checkbox"/> Delete
NAME	SIEVERS, GARRY A.	
STREET ADDRESS	29053 MARIGOLD DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIEVERS, DONNA G.	
STREET ADDRESS	29053 MARIGOLD DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRY A SIEVERS	
STREET ADDRESS	31193 AVE A	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA G SIEVERS	
STREET ADDRESS	31193 AVE A	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna G. Sievers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

DATE

305 872 9403

DAYTIME PHONE #