

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58893

1. Entity Name

34TH AVENUE PROPERTIES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90114 032 ***150.00

Principal Place of Business

2325 ULMERTON RD
21
CLEARWATER FL 33762
US

Mailing Address

2325 ULMERTON RD
21
CLEARWATER FL 33762-3373
US

2. Principal Place of Business

2325 Ulmerton Rd
Suite, Apt. #, etc.
7

3. Mailing Address

2325 Ulmerton Rd
Suite, Apt. #, etc.
7

City & State

Clearwater, Florida

Zip Country
33762 US

City & State

Clearwater, FL

Zip Country
33762 US

4. FEI Number

59-3074302

Applied For

Not Applicable

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

NEWSOME, M.ROY
2325 ULMERTON ROAD
SUITE 21
CLEARWATER FL 34622

Name

NEWSOME, M. Roy

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

2325 ULMERTON RD.

Suite 7

City

Clearwater

FL

Zip Code

33762

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.

Address Change

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	DP	<input type="checkbox"/> Delete
NAME	NEWSOME M. ROY	
STREET ADDRESS	2325 ULMERTON ROAD, SUITE 21	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWSOME, NANCY R.	
STREET ADDRESS	2325 ULMERTON ROAD, SUITE 21	
CITY-ST-ZIP	CLEARWATER FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME M. Roy	
STREET ADDRESS	2325 ULMERTON RD Ste 7	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME, Nancy R.	
STREET ADDRESS	2325 ULMERTON RD Ste. 7	
CITY-ST-ZIP	Clearwater, FL 33762	
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		
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:

NANCY R. NEWSOME
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

2-22-00 (727) 572-0065

CR2E034 (9/99)