

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75232

1. Entity Name

SEYMOUR PROPERTIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90086 026 ***150.00

Principal Place of Business

Mailing Address

18328 CYPRESS STAND CIRCLE
TAMPA FL 33647
US

18328 CYPRESS STAND CIRCLE
TAMPA FL 33647-1815
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3083721

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SEYMOUR, JOAN V.
39641 PERSIMMON AVENUE
ZEPHYRHILLS FL 33540

Name *Joan U. Seymour*
Street Address (P.O. Box Number is Not Acceptable)
18328 Cypress Stand Circle
City *Tampa FL* Zip Code *33647*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	SEYMOUR, STEVEN	18328 CYPRESS STAND CIRCLE	TAMPA FL 33647				
D	SEYMOUR, MARK	18328 CYPRESS STAND CIRCLE	TAMPA FL 33647				
PS	SEYMOUR, JOAN	18328 CYPRESS STAND CIRCLE	TAMPA FL 33647				

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:

Joan U. Seymour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-00 813 907-8166

CR2E034 (9/99)