

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00664

1. Entity Name

EXCLUSIVE SITES, INC.

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90017 045 ***550.00

Principal Place of Business

1040 BOYSCOUT BLVD.
SUITE 280
TAMPA FL 33607
US

Mailing Address

PO BOX 274045
TAMPA FL 33688
US

2. Principal Place of Business

4235 Forester Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

Country

33624

US

Country

Country

4. FEI Number

59-3114124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIANGE, JOSEPH B.
4010 BOYSCOUT BLVD.
SUITE 280
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

4235 Forester Lane

7

City

Tampa, FL

FL

Zip Code

33624

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 \$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 D
NAME DIANGE, JOSEPH B.
STREET ADDRESS 4010 BOYSCOUT BLVD., SUITE 280
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4235 Forester Lane
CITY-ST-ZIP Tampa, FL, 33624

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 and Typed or Printed Name of Signing Officer or Director: Joseph B. Diange

Date

9/13/00

Daytime Phone #

813-961-0500

CR2E034 (5/00)