

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31365

1. Entity Name

CANESSE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90010 039 ***150.00

Principal Place of Business

1776 MAIN STREET
BRADENTON FL 34236
US

Mailing Address

4410 14TH AVE E
BRADENTON FL 34208-5810
US

A0004162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 LAUREL ST. SW

Suite, Apt. #, etc.

SUITE 103

City & State

SARASOTA FL

Zip

34236

Country

SARASOTA

3. Mailing Address

4410 14TH AVE E

Suite, Apt. #, etc.

B

City & State

BRADENTON

Zip

34208

Country

MAINE

4. FEI Number

65-0332288

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANESSE, GILLES
4410 14TH AVE E
BRADENTON FL 34209

7. Name and Address of New Registered Agent

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]

GILLES A. CANESSE

PRESIDENT

01/06/2000

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

TITLE D ☐ Delete
NAME CANESSE, GILLES
STREET ADDRESS 4410 14TH AVE E
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME CANESSE, FREDDY
STREET ADDRESS 2498 BURR OAK DR
CITY-ST-ZIP SARASOTA FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/06/2000

941 365 5987