

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90288 008 ***150.00

DOCUMENT # V41587

1. Entity Name

INTERNATIONAL 2000, INC.

Principal Place of Business

Mailing Address

BRIGHTWATER DR.
CLEARWATER FL 33767

125 BRIGHTWATER DR.
CLEARWATER FL 34695-4736
US

004093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

256 TIMBERVIEW DRIVE

3. Mailing Address

256 TIMBERVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

City & State

SAFETY HARBOR, FLORIDA

4. FEI Number

59-3139122

Applied For

Not Applicable

Zip

34695

Country

U.S.A.

Zip

34695

Country

U.S.A.

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

ZYKUS, JOSEPH
125 BRIGHTWATER DR.
CLEARWATER FL 34630

Name

JOSEPH, ZYKUS

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

256 TIMBERVIEW DRIVE

City

SAFETY HARBOR

FL

Zip Code

34695

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

Linda Zykus

JOSEPH ZYKUS, OWNER

1/12/00

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	P	<input type="checkbox"/> Delete
NAME	ZYKUS, JOSEPH	
STREET ADDRESS	125 BRIGHTWATER DR.	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ZYKUS, LINDA	
STREET ADDRESS	125 BRIGHTWATER DR.	
CITY-ST-ZIP	CLEARWATER FL 34630	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	256 TIMBERVIEW DRIVE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	256 TIMBERVIEW DRIVE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
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:

Linda Zykus LINDA ZYKUS, VPT.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/00

Daytime Phone #

727-725-9446

CR2E034 (9/99)