

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010702

1. Entity Name  
ACCESSORIES PLUS, INC.

Principal Place of Business  
8839 KEY WEST CIRCLE  
TAMPA FL 33626

Mailing Address  
8839 KEY WEST CIRCLE  
TAMPA FL 33626

2. Principal Place of Business  
303 US HWY 301 BLVD WEST  
Suite, Apt. #, etc.  
SPACE K-30

3. Mailing Address  
303 US HWY 301 BLVD WEST  
Suite, Apt. #, etc.  
SPACE K-30

City & State  
Bradenton, FLORIDA  
Zip  
34205

Country  
MANATEE

City & State  
BRADENTON, FLORIDA  
Zip  
34205

Country  
MANATEE

4. FEI Number  
59-3622649

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HOOSAINALI, SHERMEEN  
8839 KEY WEST CIRCLE  
TAMPA FL 33626

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOOSAINALI, SHERMEEN 8839 KEY WEST CIRCLE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Shermeen Hoosainali 9/10/01 (941)745-3523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90040 001 \*\*\*\*\*8.75  
09-18-2001 90040 002 \*\*\*150.00

78510



DO NOT WRITE IN THIS SPACE

0120786 AT

CR2E034 (5/01)

Attachment

Doc. # P000000010702  
78510

9/10/01  
Division Of Corporations  
Uniform Business Report Filings  
P.O.Box 1500  
Tallahassee, FL 32302

To Whom It May Concern:

I would like to inform you that, this is the first time I have received this notice from FL Department of State-Division Corporation. I am enclosing a check for \$150.00 as the required payment. This is also my first year in business and I was unaware of the Uniform Business Report.

Your consideration in this matter will be greatly appreciated.

Please let me know if you have additional questions.

Thank You.

Sincerely,

*Shermeen Hoosainali*

Shermeen Hoosainali  
President  
Accessories Plus INC – FEI #:59-3622649  
303 US HWY 301 Blvd West Space K-30  
Bradenton, FL 34205  
941-745-3523