

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 30 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008005
1. Entity Name

MOM'S TATTOOS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1110 OVERCASH DR UNIT E

3. Mailing Address
1110 OVERCASH DR UNIT E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DUNEDIN FL 34698

City & State
DUNEDIN FL 34698

4. FEI Number
59-3694024

Applied For
Not Applicable

Zip
34698

Country
PINELLAS

Zip
34698

Country
PINELLAS

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GEORGE PAPPAS

Street Address (P.O. Box Number is Not Acceptable)
1110 OVERCASH DR UNIT E
DUNEDIN FL 34698

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, 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 JORDAN RUBIN	STREET ADDRESS 1110 OVERCASH DR UNIT E	CITY-ST-ZIP DUNEDIN FL 34698
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

900008701149
10/30/02--01084--004 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jordan R
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 727-736-5350
Date Daytime Phone #

CR2E034B (12/01)

Mom's Tattoos, Inc.
1110 Overcash Dr. Unit E
Dunedin FL 34698

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is in regard to the notice of administrative dissolution. This is the first notice we have received regarding this matter. No prior notices were received. We were instructed to send a completed Uniform Business Report with a check in the amount of \$150.00. Please remove any penalties that may exist on this account. Thank you.

Jordan Rubin
Mom's Tattoos, Inc.