

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90158 001 \*\*\*150.00

**DOCUMENT # P99000075498**

1. Entity Name

**SHARON CREMERS, INC.**

*P*

Principal Place of Business

1860 LAKE CYPRESS DR.  
SAFETY HARBOR FL 34695

Mailing Address

1860 LAKE CYPRESS DR.  
SAFETY HARBOR FL 34695

2. Principal Place of Business

*2934 WINDMOOR DRIVE S.*

Suite, Apt. #, etc.

3. Mailing Address

*2934 WINDMOOR DRIVE S.*

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*PALM HARBOR, FL*

City & State

*PALM HARBOR, FL*

4. FEI Number

*59-3594426*

Applied For

Not Applicable

Zip

*34685*

Country

*USA*

Zip

*34685*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CREMERS, SHARON**  
**1860 LAKE CYPRESS DR.**  
**SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name  
*CREMERS, SHARON*  
 Street Address (P.O. Box Number is Not Acceptable)  
*2934 WINDMOOR DRIVE S.*

City *PALM HARBOR* FL Zip Code *34685*

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>CREMERS, SHARON</b>	<b>1860 LAKE CYPRESS DR.</b> <b>SAFETY HARBOR FL 34695</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>CREMERS SHARON</b>	<b>2934 WINDMOOR DRIVE S.</b> <b>PALM HARBOR, FL 34685</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Sharon Cremers* **REQUIRED** *7/17/00* *727/726-4421 or*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
*727/773-0781*

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A0069200

**SHARON CREMERS**  
**2934 Windmoor Drive South**  
**Palm Harbor, FL 34685**

July 17, 2000

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Anthony (from your office) suggested I write a brief note stating the reason for the inclusion of the check for \$150.00 instead of the \$550.00 required by failure to have filed this form by May 1<sup>st</sup>.

The first notice did not reach me. My address changed on September 29, 1999. According to Anthony and your preprinted form the address you have is the old one. What is amazing to us is that the correct address is on the address portion of this Second Notice (see copy enclosed).

In any event, Anthony told me to file the report now and send the check for \$150.00 (enclosed).

If you have any questions you may reach me during business hours at 727/726-4421 or in the evening at 727/773-0981.

Sincerely,



Sharon Cremers

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA