

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90491 036 ***150.00

DOCUMENT # F96000001116

1. Entity Name
FINAL TRIBUTE, INC.

Principal Place of Business

4836 WATER BRIDGE DOWN
SARASOTA FL 34235
US

Mailing Address

4836 WATER BRIDGE DOWN
SARASOTA FL 34235
US

2. Principal Place of Business

6927 MYSTIC LANE

Suite, Apt. #, etc.

3. Mailing Address

6927 MYSTIC LANE

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34243

Country

34243

Zip

34243

Country

U.S.A

4. FEI Number

43-1298105

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOTTIGER, A V
4836 WATERBRIDGE DOWN
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name **A.V. Bottiger**
Street Address (P.O. Box Number is Not Acceptable) **6927 MYSTIC LANE**
City **SARASOTA** **FL** **Zip Code** **34243**

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 **A.V. Bottiger - V.P.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	BOTTIGER, PATRICIA A	
STREET ADDRESS	4836 WATERBRIDGE DOWNS	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BOTTIGER, A V JR	
STREET ADDRESS	4836 WATERBRIDGE DOWNS	
CITY-ST-ZIP	SARASOTA FL	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6927 MYSTIC LANE
CITY-ST-ZIP	SARASOTA FL 34243
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6927 MYSTIC LANE
CITY-ST-ZIP	SARASOTA FL 34243
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	
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:

A.V. Bottiger - V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/31/02 94-355-1974

CR2E034 (9/01)