

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90004 027 ***150.00

012168 AT

DOCUMENT # 411014

1. Entity Name
WRITE OCCASION, INC.



Principal Place of Business
**5001 CYPRESS ST SUITE 500
 TAMPA FL 33607**

Mailing Address
**5001 CYPRESS ST SUITE 500
 TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 16860
 Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip
33687-6860

4. FEI Number **59-1470339**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**COHEN, JACK A.
 730 DRUID HILLS RD
 TEMPLE TERRACE FL 33617**

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 **7/18/01**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, JACK A 730 DRUID HILLS RD TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRYSTAL, NEAL I 726 DRUID HILLS RD TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BURRIS, DONALD S 12121 WILSHIRE BLVD, STE 800 LOS ANGELES CA 90025 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

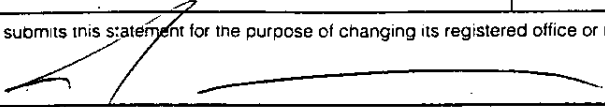
SIGNATURE: **SIGNATURE REQUIRED** DATE **7/18/01** DAYTIME PHONE # **310-442-5559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # 411014			
1. Entity Name WRITE OCCASION, INC.			
Principal Place of Business 5001 CYPRESS ST SUITE 500 TAMPA FL 33607		Mailing Address 5001 CYPRESS ST SUITE 500 TAMPA FL 33607	
2. Principal Place of Business		3. Mailing Address <i>P.O. BOX 16460</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>TAMPA, FL</i>	
Zip		Zip <i>33687-6860</i>	
Country		Country	
4. FEI Number 59-1470339		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COHEN, JACK A. 730 DRUID HILLS RD TEMPLE TERRACE FL 33617		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 <i>1/12/01</i>	
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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHEN, JACK A 730 DRUID HILLS RD TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRYSTAL, NEAL I 726 DRUID HILLS RD TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Voucher # 51761 Dist Date 1/12/01 Vendor # 90-475 Due Date 1/12/01 Act. # Amt. Act. Amt. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD BURRIS, DONALD S 12121 WILSHIRE BLVD, STE 800 LOS ANGELES CA 90025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6520-1 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

773575



DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 unchanged, or on an attachment with an address, with an other like empowered.

WRITE OCCASIONS, INC. D/B/A JAN'S HALLMARK

Attachments

19547

ACCOUNT NO. 59-1470339		VENDOR 90-475 Department of State			CHECK NO. 019547
VOUCHER	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
51751	411014-2001	1/12/01	150.00	150.00	.00
				<i>A 4/1/04 773575</i>	
CHECK TOTAL					150.00

WRITE OCCASIONS, INC.
D/B/A JAN'S HALLMARK

5001 W. CYPRESS ST., SUITE 500 TAMPA, FL 33607-7702
ORLANDO • TAMPA • SARASOTA • LEESBURG
ALTAMONTE SPRINGS • BRANDON • SANFORD

SOUTHERN EXCHANGE BANK
TAMPA, FLORIDA 33609

19547

63-391/631

59-1470339

CHECK NO.	CHECK DATE	VENDOR NO.
019547	01/12/01	90-475

PAY

ONE HUNDRED FIFTY AND 00/100 DOLLARS*****

CHECK AMOUNT
\$*****150.00

TO THE
ORDER
OF:

Department of State
Div. of Corps. Annual Rpt
P.O. Box 1500
Tallahassee FL 32302

WRITE OCCASIONS, INC.

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

⑈019547⑈ ⑈0051039151⑈ ⑈1001000032⑈

Attachments
Write Occasions INC.

411014
773575

July 15, 2001

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

RE: Missing UBR

Write Occasions, Inc. mailed it's UBR Document #411014 in January of 2001. Enclosed with the report was Check #19547 for \$150.00 and dated January 12, 2001.

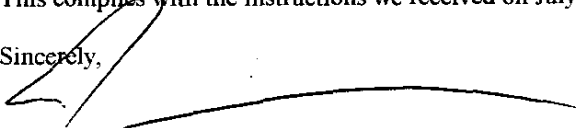
Evidently this mailing never arrived at your office.

Enclosed is a copy of the original check (duplicate form) and a copy of the original UBR that was mailed.

Also enclosed is a completed the new UBR form you sent to us and a replacement check for \$150.00.

This complies with the instructions we received on July 11, 2001 when we called your office.

Sincerely,


Jack A. Cohen
President


Hallmark

5001 CYPRESS STREET • SUITE 500 • TAMPA, FLORIDA 33607-3884 • FAX 813/289-1823 • 813/289-8900
ORLANDO • CLEARWATER • TAMPA • SARASOTA • LEESBURG • ALTAMONTE SPRINGS • SANFORD • BRANDON