

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411806

1. Entity Name

NAN'S CREATIONS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90038 010 ***150.00

Principal Place of Business

Mailing Address

955 LAKESIDE DRIVE
SCALY MT. NC 28775
US

P O BOX 275
SCALY MTN NC 28775-0275
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1425115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESSE, ROBERT L
2070 RINGLING BLVD.
SARASOTA FL

Name

Nancy Ostema

Street Address (P.O. Box Number is Not Acceptable)

4616 Ashberry DR. Sarasota FL 34234

City

Scaly MT NC

Zip Code

28775

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

Nancy Ostema

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	OSTEMA, DENNIS	
STREET ADDRESS	955 LAKESIDE DRIVE	
CITY-ST-ZIP	SCALY MT. NC 28775	
TITLE	P	<input type="checkbox"/> Delete
NAME	OSTEMA, NANCY	
STREET ADDRESS	2595 FEIFFER CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34235	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

Nancy Ostema

Date

Daytime Phone #

828 -
4/24/2000 526-8459

CR2E034 (9/99)