

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06661
 1211 SHOPPE OF BRANDON, INC.

FILED
 May 04, 2000 8:00 am
 Secretary of State

05-04-2000 90119 019 ***150.00

Principal Place of Business
 MARY E. HOWARD
 BLOOMINGDALE AVE
 BRANDON FL 33511

Mailing Address
 % MARY E. HOWARD
 155 BLOOMINGDALE AVE
 BRANDON FL 33511
 US

Principal Place of Business
 3. Mailing Address

Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Country
 Zip
 Country

4. FEI Number
 59-2411268

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOWARD, MARY E.
 408 ASHFORD DRIVE
 BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HOWARD, MARY E.		NAME	
408 ASHFORD DRIVE		STREET ADDRESS	
BRANDON FL 33511		CITY-ST-ZIP	
SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HOWARD, CHRISTINA L.		NAME	
408 ASHFORD DRIVE		STREET ADDRESS	
BRANDON FL 33511		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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: *Mary E. Howard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-24-00 Daytime Phone: (813) 685-5095

CR2E034 (9/99)