

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90002 037 ***150.00

DOCUMENT # H06963

1. Entity Name

AUDREY'S MER-MAIDS, INC.

Principal Place of Business

Mailing Address

2019 46TH ST CT E
 BRADENTON FL 34208
 US

2019 46TH ST CT E
 BRADENTON FL 34208-7105
 US

2. Principal Place of Business

3. Mailing Address

2019 46TH ST CT E
 Suite, Apt. #, etc. **SAME AS ABOVE 1/7/2000 only**

City & State
BRADENTON, FL.

City & State
BRADENTON, FL

Zip
34208

Country
MANATEE

Zip
34208

Country
MANATEE

4. FEI Number **59-2427390**

Applied For
 Not Applicable

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

FORBES, AUDREY B.
2017 FORTY SIXTH ST. CT. E.
BRADENTON FL 34208

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P FORBES, AUDREY B. 2019 (46TH ST. CT. E) BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, AMES W., I 2019 (46TH ST. CT. E) BRADENTON FL 34208	<input type="checkbox"/> Delete
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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: Audrey B. Forbes, Pres. 1/7/2000 941 748 6995
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)