

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90351 018 ***150.00

DOCUMENT # J37940

1. Entity Name
FASHION GOLDSMITH, INC.

Principal Place of Business

411 19TH ST S.
ST PETERSBURG FL 33712

Mailing Address

411 19TH ST S.
ST PETERSBURG FL 33712

2. Principal Place of Business

926 W. BAY DR
Suite, Apt. #, etc.

3. Mailing Address

926 W. BAY DR
Suite, Apt. #, etc.

City & State
LARGO FLA

Zip **33770** **Country** **PIN**

City & State
LARGO FLA

Zip **33770** **Country** **PIN**

4. FEI Number **59-2730567**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PSALTIS, BILL
411-19TH SOUTH
ST PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name **BILL PSALTIS**
Street Address (P.O. Box Number is Not Acceptable) **926 W. BAY DR**
City **LARGO** **FL** **Zip Code** **33770**

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, 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 **DP** ☐ **Delete**
NAME **PSALTIS, BILL**
STREET ADDRESS **411 19TH ST. SO.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Bill Psaltis* **Bill Psaltis** **4/1/02** **727 585-7224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)