

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52875

1. Entity Name

SEALED WITH A KISS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90068 004 ***150.00

Principal Place of Business

Mailing Address

12319 VILLAGER CT
 TAMPA FL 33625
 US

P.O. BOX 272960
 TAMPA FL 33688-2960
 US

2. Principal Place of Business

3. Mailing Address

6001 Johns Road

PO Box 272960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

645

City & State

City & State

Tampa F

Tampa F1

Zip

Country

Zip

Country

33634

Hillsborough

33688

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDMONDSON, JAMES
 12319 VILLAGER CT
 TAMPA FL 33625

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 *James A. Edmondson* James A. Edmondson

4-24-00

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	PD	<input type="checkbox"/> Delete
NAME	EDMONDSON, JAMES	
STREET ADDRESS	12319 VILLAGER CT	
CITY-ST-ZIP	TAMPA FL 33625	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thongdi D. Edmondson	
STREET ADDRESS	12319 VILLAGER CT	
CITY-ST-ZIP	Tampa F1 33625	
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		
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 *James A. Edmondson* James A. Edmondson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-00
 Date

813-960-4074
 Daytime Phone #

CR2E034 (9/99)