2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012771				FILED		
FETISH SHELTER CO., L.L.C.				OLMAY - 7 AM	10: 20	
'			•	SECRETARY OF	STATE	
Principal Place of Business Mailing Address				TALLAHASSEE, F	LUKIDA	
2400 EAST 7TH AVENUE 2400 EAST 7TH AVENUE						
TAMPA FL 33	3605	TAMPA FL 33605		: Lighter die auth dani gehr dütt		
Principal Place of Business Address Address		3. Mailing Address		I TODAKEN DIK ODAK DENI ODAK EBAK		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	59-3678550 5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Reg	Fee Required	
	v. Hame and Address of Carrent	logistered Agent	Name	The state of the s		
SCHWARTZ, FRED			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
2400 EAST 7TH AVENUE			<u> </u>		<u> </u>	
TAMPA' F	L 33605	r	City		FL Zip Code	
9 The shows	named eatity submits this statement for	the direct of changing its r	paintored office or region	tered agent, or both, in the State of Florid	<u> </u>	
6. The above	named entity submits this statement for	".M.)		leted agent, or boat, in the state of Florid	a.	
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
			W!!! FEE IS \$50.0			
			พแบกอย able to Department	.		
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CI	HANGES	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	FRED C. SCHWARTZ	•	NAME STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33605	•	CITY-ST-ZIP			
TITLE		Delete	TITLE	t (☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	600004 3 -06/05 <u>/</u> (410467	
CITY,-ST-ZIP	,	<u> </u>	. CITY-ST-ZIP	********************************	3.00 **** *55 <u>.</u> 00	
TITLE NAME		☐ Delete	TITLE NAME	÷ * †	Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP TITLE	! 	□ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME		Li Delote	NAME	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1	
TITLE		☐ Defete	TITLE		Change Addition	
NAME Street Address			NAME Street Address	ţ		
CITY-ST*ZIP,			CITY-ST-ZIP	; 		
TITLE ST		☐ Delete	TITLE	†	☐ Change ☐ Addition	
NAME ** STREET ADDRESS*			NAME STREET ADDRESS			
City-St-ZiP	and the state of t	11 Pp 1	CITY-ST-ZIP	0 1 10 07 12 1		
indicated	certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee	that my signature shail have th	ie same legal effect as i	Section 119.07(3)(i), Florida Statutes. I fu if made under oath; that I am a managing apter 608, Florida Statutes.	rtner certify that the information g'member or manager of the	

SIGNATURE: MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/0/ Date Daytime Phone #

APPROYEIL