

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L29822

1. Entity Name

TENNIS THREADS, INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90051 038 \*\*\*150.00

Principal Place of Business

Mailing Address

☐ S US HWY 1  
☐ FL 33477

~~14152 U.S. HWY 1~~  
~~JUNO BEACH FL 33477-7338~~  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
2149 S US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jupiter, FL

4. FEI Number 65-0157214

Applied For  
Not Applicable

Zip Country

Zip Country

33477

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

BLOCK, PHYLLIS S.

~~14255 U.S. HWY 1~~  
~~STE 289~~  
~~JUNO BEACH FL 33418~~

New Address

Name  
PHYLLIS S. BLOCK

Street Address (P.O. Box Number is Not Acceptable)  
712 US Hwy 1 - Suite 301

City Zip Code  
NORTH Palm Beach FL 33408

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	STREET ADDRESS	ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	KARSH, CAROL		<input type="checkbox"/> Delete															
	17602 BRIDLE COURT																	
	JUPITER FL																	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAROL KARSH 3/6/2000 561 575-3030

CR2E034 (9/99)