

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018525 AF

**DOCUMENT #** L99000004636

**1. Entity Name**  
S.T. SECRETS, L.L.C.

**FILED**

01 JUN 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
1120 PINELLAS BAYWAY  
#204  
TIERRA VERDE FL 33715

**Mailing Address**  
1120 PINELLAS BAYWAY  
#204  
TIERRA VERDE FL 33715

**2. Principal Place of Business**  
P.O. Box 58095  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 58095  
Suite, Apt. #, etc.

**City & State**  
St. Petersburg, FL  
**Zip** 33715 **Country** USA

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St. Petersburg, FL  
**Zip** 33715 **Country** USA

**4. FEI Number** 59-3635115 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
WILLIAMS, SHERRI  
1120 PINELLAS BAYWAY  
#204  
TIERRA VERDE FL 33715

**7. Name and Address of New Registered Agent**  
**Name** Williams, Sherri  
**Street Address (P.O. Box Number is Not Acceptable)** 411 8th Ave N  
**City** Tierra Verde **FL** **Zip Code** 33715

**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** *Sherri Williams* **DATE** 4/17/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

3000004463239--7  
-07/03/01--01007--007  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

| 9. MANAGING MEMBERS / MEMBERS                         |   | 10. ADDITIONS / CHANGES                               |   |
|---|---|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WILLIAMS, SHERRI<br>1120 PINELLAS BAYWAY #204<br>TIERRA VERDE FL 33715 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | mGR<br>Williams, Sherri<br>411 8th Ave N<br>Tierra Verde, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Sherri Williams* **DATE** 4/17/01 **PHONE** 727-865-3755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)