

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-01-2003 90827 034 ****61.25

DOCUMENT # N 02000006583

1. Entity Name

KEEPSAKERS, INC.



DO NOT WRITE IN THIS SPACE

55046267

2. Principal Place of Business

5700 MEMORIAL HWY

3. Mailing Address

P.O. BOX 260502

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

16-1628893

Applied For

Not Applicable

Zip

33615

Country

HILLSBOROUGH

Zip

33685

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN V. TORTORELLO

Street Address (P.O. Box Number is Not Acceptable)

4822 BONITA VISTA DR.

City

TAMPA

FL

Zip Code

33634

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DIANA DI BARTOLOMEO
STREET ADDRESS	5700 MEMORIAL HWY #102
CITY-ST-ZIP	TAMPA FL 33615
TITLE	TREASURER
NAME	ANN EVANGELISTA
STREET ADDRESS	5700 MEMORIAL HWY #102
CITY-ST-ZIP	TAMPA FL 33615
TITLE	SECRETARY
NAME	SUSAN GREY
STREET ADDRESS	5700 MEMORIAL HWY #102
CITY-ST-ZIP	TAMPA FL 33615
TITLE	VICE PRESIDENT
NAME	PAUL CAMPBELL
STREET ADDRESS	5700 MEMORIAL HWY #102
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VICE PRESIDENT
NAME	JOHN V. TORTORELLO
STREET ADDRESS	4822 BONITA VISTA DR.
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

813-886-6892

Daytime Phone #

CR2E037B (12/02)