

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002841

1. Entity Name

THE FABULOUS FOOTNOTES, INC.

Principal Place of Business

Mailing Address

837 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US

837 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957-4797
US

2. Principal Place of Business

3500 N.W. Royal Oak Dr

3. Mailing Address

3500 N.W. Royal Oak Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, Fla

City & State

Jensen Beach, Fla

Zip

34957

Country

Marlin

Zip

34957

Country

Marlin

6. Name and Address of Current Registered Agent

PAUSTIAN, SANDRA
1179 SW ITHACA ST
PORT ST LUCIE FL 34984

REINSTATEMENT

4. FEI Number

65-0501974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Renee Doss

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

3500 N.W. Royal Oak Dr

Jensen Beach

City

Florida

FL

Zip Code

34957

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

Renee M. Doss, President (Amended)

10-6-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	PAUSTIAN, SANDRA	
STREET ADDRESS	1179 SW ITHACA ST	
CITY-ST-ZIP	PT ST LUCIE FL 34984	
TITLE	TD	Delete
NAME	THOMPSON, VIRGINIA	
STREET ADDRESS	9801 S OCEAN DR #1501	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	Delete
NAME	TANGO, MILDRED	
STREET ADDRESS	3391 IRONWOOD AVE	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	TD	Delete
NAME	JONES, LIBBY K	
STREET ADDRESS	2291 SW SCHOOL CREEK	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENEE DOSS	
STREET ADDRESS	3500 N.W. Royal Oak Dr.	
CITY-ST-ZIP	Jensen Beach, Fla. 34956	D
TITLE	Sandra Paustian	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1179 SW Ithaca St	
STREET ADDRESS	1179 SW Ithaca St	
CITY-ST-ZIP	Pt. St. Lucie, Fla. 34984	D
TITLE	Bob Paustian	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1179 S.W. Ithaca St.	
STREET ADDRESS	1179 S.W. Ithaca St.	
CITY-ST-ZIP	Pt. St. Lucie, Fla. 34984	D
TITLE	Lisa Field	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	85 S. River Rd	
STREET ADDRESS	85 S. River Rd	
CITY-ST-ZIP	Stuart, Fla. 34996	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003472517--9	
STREET ADDRESS	-11/21/00--01050--022	
CITY-ST-ZIP	****236.25 ****236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 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 #

(561) 336-5510

CR2E037 (9/99)