

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004674

1. Entity Name

MEMORIES, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90086 005 \*\*\*\*61.25

Principal Place of Business Mailing Address  
1942 NORTHEAST 6TH COURT 1942 NORTHEAST 6TH COURT  
~~NO. J-300~~ *NO I-100* ~~NO. J-300~~ *NO I-100*  
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304-3867

2. Principal Place of Business *Same* 3. Mailing Address *Same*

Suite, Apt. #, etc. *From J-300 to I-100* Suite, Apt. #, etc. *From J-300 to I-100*

City & State *FL* City & State *FL*

Zip *33304* Country *USA* Zip *33304* Country *USA*

4. FEI Number **65-0618696** Applied For ☐ Not Applicable ☐

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

PHILLIPS, DOROTHY A  
1942 NORTHEAST 6TH COURT  
~~NO. J-300~~  
FT. LAUDERDALE FL 33304

Name  
Street Address (P.O. Box Number is Not Acceptable)  
*CHANGE FROM J-300 TO I-100*  
City *FL* Zip Code

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 *[Signature]* 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	PHILLIPS, DOROTHY A	
STREET ADDRESS	1942 N.E. 6TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	BOGGS, GEORGE W	
STREET ADDRESS	4020 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	FLICK, VICTOR	
STREET ADDRESS	2021 OCEAN DR.	
CITY-ST-ZIP	SANTA ROSA CA	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	BOGGS, LEE	
STREET ADDRESS	4020 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	DEMARCO, RONALD D	
STREET ADDRESS	5702 NW 47TH LN.	
CITY-ST-ZIP	TAMARRAC FL 33321	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	BABS, KENT	
STREET ADDRESS	401 GOLDEN ISLES DR.	
CITY-ST-ZIP	HALLENDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, GEORGE W.	
STREET ADDRESS	1942 N.E. 6TH CT J-300	
CITY-ST-ZIP	FT. LAUD. FLA. 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, LEE	
STREET ADDRESS	1942 N.E. 6TH CT J-300	
CITY-ST-ZIP	FT. LAUD. FLA. 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *QUINCY DOROTHY A. Phillips* 4/1/00 (954) 462-2428 Date Daytime Phone #

CR2E037 (9/99)