

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006463

1. Entity Name

S.T.O.P (SEEK TIME-OUT PLEASE), INC.

FILED

00 MAR 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1024 W. 26TH ST 1024 W. 26TH ST
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Riviera Beach, FL

Zip Country Zip Country
33419-0891 USA
Palm Beach

4. FEI Number 65-0751549 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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, 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	DP	<input type="checkbox"/> Delete
NAME	ALLEN, ERIC	
STREET ADDRESS	1024 W. 26TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ALLEN, ALONZO	
STREET ADDRESS	1024 W. 26TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BELL, OCTAVIA	
STREET ADDRESS	1024 W. 26TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000003199110--2
CITY-ST-ZIP	-04/07/00--01003--004
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000003199110--2
CITY-ST-ZIP	-04/07/00--01003--005
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	
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: ERIC ALLEN SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00-561-844-905
Date Daytime Phone #

Eric Allen Sr.