

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000159

1. Entity Name

UNIQUE REFLECTIONS FOR TODAY'S LIVING, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90093 010 \*\*\*\*61.25

Principal Place of Business

7100 ULMERTON RD. LOT 1004  
LARGO FL 33771

Mailing Address

PO BOX 5122  
LARGO FL 33779-5122

2. Principal Place of Business

7100 ULMERTON ROAD

3. Mailing Address

Suite, Apt. #, etc.

LOT 2158

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

4. FEI Number

59-3488857

Applied For

Not Applicable

Zip

33771

Country

PINELLAS

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRUTZA, WILLIAM J REV.

7100 ULMERTON RD. LOT 1004  
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

KRUTZA, WILLIAM J. REV.

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

7100 ULMERTON RD, LOT 2158

City

LARGO

FL

Zip

33771

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

*William J. Krutza*

WILLIAM J. KRUTZA, EXEC. DIRECTOR

2/21/00

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	ED	<input type="checkbox"/> Delete
NAME	WILLIAM, KRUTZA J REV	
STREET ADDRESS	7100 ULMERTON RD #2185	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUTZA, RUTH M	
STREET ADDRESS	7100 ULMERTON RD #2185	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHEN, ROBERT	
STREET ADDRESS	2105 BRAMBLE WOOD DR S	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHEN, MARGARET	
STREET ADDRESS	2105 BRAMBLE WOOD DR S	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WORTHEN, MARGARET	
STREET ADDRESS	2105 BRAMBLE WOOD DR S	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARRALL, MARY	
STREET ADDRESS	3291 MCMATH DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHEN, ROBERT	
STREET ADDRESS	2591 COUNTRYSIDE BLVD, Bldg 5, Apt. 212	
CITY-ST-ZIP	CLEARWATER, FL 33761-4519	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHEN, MARGARET	
STREET ADDRESS	2591 COUNTRYSIDE BLVD. Bldg 5, Apt. 212	
CITY-ST-ZIP	CLEARWATER, FL 33761-4519	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH KRUTZA	
STREET ADDRESS	4531 PINE HOLLOW DRIVE	
CITY-ST-ZIP	CARROLLWOOD, FL 33624	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN KRUTZA	
STREET ADDRESS	4531 PINE HOLLOW DRIVE	
CITY-ST-ZIP	CARROLLWOOD, FL 33624	

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 information.

SIGNATURE:

*William J. Krutza*

WILLIAM J. KRUTZA

2/21/00

727-535-4186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXEC. DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)