

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007017

1. Entity Name

THE BRIDES KEEPERS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90383 017 ****70.00

Principal Place of Business

Mailing Address

12755 INDIAN ROCKS RD
LARGO FL 33774

12755 INDIAN ROCKS RD
LARGO FL 33774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3609035

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

GARMAN, GUY
3801 S OCEAN DR 4Z
HOLLYWOOD FL 33019

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	D'AMARO, JOSEPH JR	
STREET ADDRESS	12755 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	D'AMARO, ERICA	
STREET ADDRESS	12755 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODSON, DOROTHY	
STREET ADDRESS	19417 GULF BLVD #E-105	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, PATRICIA A	
STREET ADDRESS	2242 OAK WIND DR	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOARDMAN, SHIELA	
STREET ADDRESS	6800 13 ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
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		
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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

Date

Daytime Phone #

CR2E037 (9/99)