

9/18/01-90081-037-\$558.75-\$558.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000949

1. Entity Name
WE DO WEDDINGS/CROWNLINE, INC.

Principal Place of Business
5630 VINELAND RD.
ORLANDO FL 32819

Mailing Address
5630 VINELAND RD.
ORLANDO FL 32819

2. Principal Place of Business
290 Holden Avenue
Suits, Apt. #, etc.

3. Mailing Address
P.O. Box 2873
Suits, Apt. #, etc.

City & State
Orlando, FL
Zip 32839

City & State
Windermere, FL
Zip 34786

4. FEI Number
593621167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPECHT, LISA A
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

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 date of application (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$558.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DATE
	D MCHECHINE, CHRISTINE	5630 VINELAND RD.	ORLANDO FL 32819	☐ Delete
	D LITTLECOTT, CURTIS	5630 VINELAND RD.	ORLANDO FL 32819	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DATE	Change	Addition
	290 Holden Ave.	Orlando, FL 32839			☒	☐
	290 Holden Ave.	Orlando, FL 32839			☒	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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 secretary or clerk empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment to an address with all other like employees.

SIGNATURE:

Signature typed or printed name of officer or director

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