

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002158

1. Entity Name

D'CEE WEDDING CONSULTING AND CRAFTS, INC.

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FILED
Jun 29, 2000 8:00 am
Secretary of State

05-08-2000 90143 021 ***150.00

Principal Place of Business

Mailing Address

546 CALAIS BLVD., NO 3
ST. PETERSBURG FL 33714-1506

5865 CALAIS BLVD., NO 3
ST. PETERSBURG FL 33714-1506

2. Principal Place of Business

3. Mailing Address

546-38th St. So.
Suite, Apt. #, etc.

5865 Calais Blvd. N. #3
Suite, Apt. #, etc.

St. Petersburg
City & State

St. Petersburg
City & State

Florida

Florida

Zip 33711 Country Pinellas

Zip 33714 Country Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, DELCEDA
546 38TH STREET
ST. PETERSBURG FL 33711

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
THOMPSON, DELCEDA
549 38TH STREET
ST. PETERSBURG FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Delceda H. Thompson DELCEDA H. Thompson 26 April 2000 1722521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3933

CR2E034 (9/99)