

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000006534**1. Entity Name
THE BEADED TURTLE, INC.

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|---|---|
| Principal Place of Business 6924 STONES THROW CIRCLE #8310 ST PETERSBURG FL 33710 | Mailing Address 6924 STONES THROW CIRCLE #8310 ST PETERSBURG FL 33710 |
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| 2. Principal Place of Business 810 SNELL ISLE BOULEVARD NE | 3. Mailing Address 810 SNELL ISLE BOULEVARD NE |
|---|---|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------|----------------------------------|
| City & State ST PETERSBURG FL | City & State ST PETERSBURG FL |
|----------------------------------|----------------------------------|

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| 4. FEI Number 59-3622863 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|--------------|---------|--------------|---------|
| Zip 33704 | Country | Zip 33704 | Country |
|--------------|---------|--------------|---------|

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****SEDACCA BETH A**
6924 STONES THROW CIRCLE #8310**ST PETERSBURG FL**
33710Name
SEDACCA BETH A
Street Address (P.O. Box Number is Not Acceptable)
810 SNELL ISLE BOULEVARD NECity
ST PETERSBURG FL Zip Code
33704

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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP | D SEDACCA BETH R 6924 STONES THROW CIRCLE #8310 ST PETERSBURG FL 33710 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEDACCA BETH R 810 SNELL ISLE BOULEVARD NE ST PETERSBURG FL 33704 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: BETH R. SEDACCA

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)