

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015099

1. Entity Name

COLLECTIBLE TREASURES DOLLHOUSE, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90302 014 ***150.00

Principal Place of Business

7500 SAN CARLOS DR.
PORT RICHEY FL 34668

Mailing Address

7500 SAN CARLOS DR.
PORT RICHEY FL 34668

2. Principal Place of Business

8055 WOODEN DR.

3. Mailing Address

8055 WOODEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL FL

Zip

34606

Country

USA

Zip

34606

Country

USA

4. FEI Number

59-3627508

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

BARTALINO, MAUREEN
7500 SAN CARLOS DR.
PORT RICHEY FL 34668

Name

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

8055 WOODEN DR

City

SPRING HILL

FL

Zip Code

34606

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, 2001 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 PD ☐ Delete
NAME BARTALINO, MAUREEN
STREET ADDRESS 7500 SAN CARLOS DR.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 8055 WOODEN DR.
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)