

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 02, 2001 8:00 am
Secretary of State

03-15-2001 90021 050 ***150.00

DOCUMENT # P00000022444

1. Entity Name

FUNTIME FASHIONS, INC.

Principal Place of Business

~~118 WEST ORANGE STREET~~
~~ALTAMONTE SPRINGS FL 32714~~

Mailing Address

~~118 WEST ORANGE STREET~~
~~ALTAMONTE SPRINGS FL 32714~~

2. Principal Place of Business

612 Prairie LN
Suite, Apt. #, etc.

3. Mailing Address

612 Prairie LN
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

4. FEI Number

59-3626009

Applied For

Not Applicable

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Jennifer Goodman
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

TITLE: **PTD** ☐ Delete
NAME: **GOODMAN, JENNIFER**
STREET ADDRESS: ~~118 WEST ORANGE STREET~~
CITY-ST-ZIP: ~~ALTAMONTE SPRINGS FL 32714~~

TITLE: **SVD** ☐ Delete
NAME: **GOODMAN, NANCY**
STREET ADDRESS: ~~118 WEST ORANGE STREET~~
CITY-ST-ZIP: ~~ALTAMONTE SPRINGS FL 32714~~

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PTD** ☒ Change ☐ Addition
NAME: **Goodman, Jennifer**
STREET ADDRESS: **612 Prairie LN**
CITY-ST-ZIP: **Altamonte Springs, FL 32714**

TITLE: **SVD** ☒ Change ☐ Addition
NAME: **Goodman, Nancy**
STREET ADDRESS: **612 Prairie LN**
CITY-ST-ZIP: **Altamonte Springs FL 32714**

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

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

TITLE: ☐ Change ☐ Addition
NAME:
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:

Jennifer Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)