

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031990

1. Entity Name

CLARET GREETING CARD & PUBLISHING COMPANY, INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90014 025 ***550.00

Principal Place of Business
1044 CALIFORNIA CREEK DR.
OVIEDO FL 32765

Mailing Address
1044 CALIFORNIA CREEK DR.
OVIEDO FL 32765

C0071825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3648620

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

MARLOWE, MICHAEL L ESQ.
1031 W. MORSE BLVD., STE. 105
WINTER PARK FL 32789

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, 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 D ☐ Delete
NAME JARRETT, RODNEY L
STREET ADDRESS 1044 CALIFORNIA CREEK DR.
CITY-ST-ZIP OVIEDO FL 32765

TITLE C ☒ Change ☐ Addition
NAME Jarrett, Rodney L.
STREET ADDRESS 1044 California Creek Dr.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ Delete
NAME JARRETT, KATHLEEN M
STREET ADDRESS 1044 CALIFORNIA CREEK DR.
CITY-ST-ZIP OVIEDO FL 32765

TITLE P ☒ Change ☐ Addition
NAME Jarrett, Kathleen M.
STREET ADDRESS 1044 California Creek Dr.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ Delete
NAME HUNGERMAN, BRIAN
STREET ADDRESS 453 E. BEVERLY RD.
CITY-ST-ZIP WOOSTER OH 44691

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Daaring, Michael J.
STREET ADDRESS 2616 Rillwood Rd.
CITY-ST-ZIP Birmingham, AL 35243

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
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:

Kathleen M. Jarrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01

Date

Daytime Phone #

CR2E034 (10/00)