

2001 UNIFORM BUSINESS REPORT (UBR)

02-24-2002 90018 040 ***900.00
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DOCUMENT # P00000034984

1. Entity Name
ACT-O-MANIA.COM CORP.

Principal Place of Business
3 BURNING PLACE
PALM COAST FL 32137

Mailing Address
3 BURNING PLACE
PALM COAST FL 32137

02 FEB 28 AM 9:50



2. Principal Place of Business
5 Whetstone Ln
Suite, Apt. #, etc.

3. Mailing Address
5 Whetstone Ln
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE 01-02

City & State
Palm Coast, FL
Zip 32164 Country

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Palm Coast, FL
Zip 32164 Country

4. FEI Number
59-3645545
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

GORISLAVTSEVA, VALENTINA
3 BURNING PLACE
PALM COAST FL 32137

Name
Gorislaevtseva Valentina
Street Address (P.O. Box Number is Not Acceptable)
5 Whetstone Ln
City Palm Coast FL Zip Code 32164

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 S Gorislavtseva Serguei Gorislavtsev 11/10/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME ☐ Delete
PRESIDENT - OWNER
VALENTINA GORISLAVTSEVA
STREET ADDRESS
CITY-ST-ZIP 5 WHETSTONE LN. PALM COAST FL 32164

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

TITLE NAME ☐ Delete
VICE-PRESIDENT
SERGUEI GORISLAVTSEV
STREET ADDRESS
CITY-ST-ZIP 5 WHETSTONE LN. PALM COAST FL 32164

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/01
Date Daytime Phone #

CR2E034 (5/01)