

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90080 050 ***150.00

0623894

DOCUMENT # P00000035656

1. Entity Name
ONE STOP SCHOOL SHOP, INC.

Principal Place of Business Mailing Address
7076 BOB-A-LINK COURT 7076 BOB-A-LINK COURT
LAKE WORTH FL 33467 LAKE WORTH FL 33467

2. Principal Place of Business 3. Mailing Address
138 Point Circle 138 Point Circle

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Tequesta, Florida Tequesta, Florida **65-0997200** **Not Applicable**

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
33469 U.S.A. 33469 U.S.A.

6. Name and Address of Current Registered Agent

THORNTON, LUKE
7076 BOB-A-LINK COURT
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name **Glenda Sidman**
Street Address (P.O. Box Number is Not Acceptable)
138 Point Circle
City **Tequesta** **FL** Zip **33469**

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 *Glenda Sidman* **Glenda Sidman** **4/10/01**
(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 \$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	D <input checked="" type="checkbox"/> Delete
NAME	THORNTON, LUKE
STREET ADDRESS	7076 BOB-A-LINK COURT
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	THORNTON, DONA
STREET ADDRESS	7076 BOB-A-LINK COURT
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenda Sidman
STREET ADDRESS	138 Point Circle
CITY-ST-ZIP	Tequesta, FL 33469
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Sidman
STREET ADDRESS	138 Point Circle
CITY-ST-ZIP	Tequesta, FL 33469
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Glenda Sidman* **Glenda Sidman** **4/10/01** **561-743-1475**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)