

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0014453 AT

DOCUMENT # P00000039606

1. Entity Name
PRECIOUS FURS, INC.

03-03-2002 90113 034 ***150.00

Principal Place of Business

**7119 TAMiami TRAIL
 SARASOTA FL 34231**

Mailing Address

**7119 TAMiami TRAIL
 SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1002137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHULMISTER, MARY ANN
 7767 HOLIDAY DRIVE NORTH
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Shulmister, Mary Ann**
 Street Address (P.O. Box Number is Not Acceptable)
2905 POST ROAD
 City **SARASOTA, FL** FL **34231**

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, 2002 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 **P** ☐ Delete
 NAME **SHULMISTER, MARY ANN**
 STREET ADDRESS **7767 HOLIDAY DRIVE NORTH**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **V** ☐ Delete
 NAME **SHULMISTER, LEON**
 STREET ADDRESS **7767 HOLIDAY DRIVE NORTH**
 CITY-ST-ZIP **SARASOTA FL 34231**

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 ☒ Change ☐ Addition
 NAME **2905 POST ROAD**
 STREET ADDRESS **SARASOTA FL 34231**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **2905 POST ROAD**
 STREET ADDRESS **SARASOTA, FL 34231**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, when an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2-17-02 941927387