

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/0

FILED
May 24, 2001 8:00 am
Secretary of State

05-07-2001 90002 028 ***150.00

DOCUMENT # P00000048166

1. Entity Name
COLUCCI'S ATTIC, INC.

Principal Place of Business
600 NORTH CONGRESS AVENUE, BAY #100
DELRAY BEACH FL 33445

Mailing Address
600 NORTH CONGRESS AVENUE, BAY #100
DELRAY BEACH FL 33445

2. Principal Place of Business
600 N CONGRESS AVE
 Suite, Apt. #, etc. **100**

3. Mailing Address
34 LAUNDRY KNOWLTON
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH
 Zip **33445** Country **USA**

City & State
BALDWIN MD
 Zip **21013** Country

4. FEI Number **52-2262363**
 Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent
REYER, JAMES R ESQ.
5301 NORTH FEDERAL HWY.
SUITE 200
BOCA RATON FL 33487

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NEARY, DAVID 600 NORTH CONGRESS AVENUE, BAY #100 DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRAMPTON, DONALD 600 NORTH CONGRESS AVENUE, BAY #100 DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Frampton** **4/20/01** **561-278-5054**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)