

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057435

1. Entity Name  
GRANNY'S TREASURES, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90130 007 \*\*\*150.00

Principal Place of Business

2233 FOWLER STREET  
FT MYERS FL 33901

Mailing Address

2233 FOWLER STREET  
FT MYERS FL 33901

044210

2. Principal Place of Business

4150 Hancock Bridge Pky #13

Suite, Apt. #, etc.

3. Mailing Address

4150 Hancock Bridge Pky

Suite, Apt. #, etc.

#13



DO NOT WRITE IN THIS SPACE

City & State

N. Ft. Myers, Florida

City & State

N. Ft. Myers, Florida

4. FEI Number

651016639

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TODD, HELEN M  
2233 FOWLER STREET  
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Helen M. Todd

Street Address (P.O. Box Number is Not Acceptable)

4150 HANCOCK BRIDGE PARKWAY

#13

City

N. Ft. Myers

FL

Zip Code

33903

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

*Helen M. Todd*

4-1-01

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 \$350.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS TODD, JAMES H  
CITY-ST-ZIP 2233 FOWLER STREET  
FT MYERS FL 33901

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TODD, HELEN M  
CITY-ST-ZIP 2233 FOWLER STREET  
FT MYERS FL 33901

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 Todd, JAMES H.  
STREET ADDRESS 4150 Hancock Bridge Parkway #13  
CITY-ST-ZIP N. Ft. Myers, FL. 33903

TITLE ☒ Change ☐ Addition  
NAME Todd, Helen M.  
STREET ADDRESS 4150 Hancock Bridge Parkway #13  
CITY-ST-ZIP N. Ft. Myers, FL. 33903

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

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

TITLE ☐ Change ☐ Addition  
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:

*Helen M. Todd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

941-652-9970

Daytime Phone #

CR2E034 (10/00)