

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91176 041 \*\*\*150.00

**DOCUMENT # P0000Q063469**

1. Entity Name

THE POLISHED LILY, INC.

Principal Place of Business

35865 US HWY. 19  
 PALM HARBOR FL 34683

Mailing Address

35865 US HWY. 19  
 PALM HARBOR FL 34683

2. Principal Place of Business

35865 US HWY 19 N

Suite, Apt. #, etc.

3. Mailing Address

35865 US HWY 19 N

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34684

Country

Zip

34684

Country

4. FEI Number

59-3654910

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAMONE, DARLENE

35865 US HWY. 19  
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

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

35865 US HWY 19 N

Palm Harbor

FL

Zip Code

34684

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

*Darlene Salamone*

DARLENE SALAMONE

4/24/01

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 P  
 NAME SALAMONE, DARLENE  
 STREET ADDRESS 35865 US HWY. 19  
 CITY-ST-ZIP PALM HARBOR FL 34683

☐ Delete

TITLE S  
 NAME SALAMONE, ANDREA  
 STREET ADDRESS 35865 US HWY. 19  
 CITY-ST-ZIP PALM HARBOR FL 34683

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME 35865 US HWY 19 N.  
 STREET ADDRESS Palm Harbor, FL 34684  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME 35865 US HWY 19 N.  
 STREET ADDRESS Palm Harbor, FL 34684  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

*Darlene Salamone*

DARLENE SALAMONE

4/24/01

727-781-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)