

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90002 042 \*\*\*150.00

0142980 SP

**DOCUMENT # P00000072775**

1. Entity Name  
**TRANQUIL MOMENTS, INC.**

Principal Place of Business  
**2116 NW3 AVE**  
**WILTON MANORS FL 33311**

Mailing Address  
**2116 NW3 AVE**  
**WILTON MANORS FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3324 NE 33ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FL**

City & State

4. FEI Number  
**65-1025688**

Applied For  
 Not Applicable

Zip  
**33308**

Country  
**FL**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, JULIE**  
**2116 NW3 AVE**  
**WILTON MANORS FL 33311**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD**  
**HALL, JULIE A**  
**2116 NW3 AVE**  
**WILTON MANORS FL 33311**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**HALL, RONALD A**  
**2116 NW3 AVE**  
**WILTON MANORS FL 33311**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/01

CR2E034 (5/01)

Aug 27, 2001

85068325

00000072775

To Whom It May Concern:

This is my first year in  
business. I was unaware that each  
year you must file w/a fee. I did  
not receive this ~~say~~ report until  
July. In mid Aug I contacted your  
office & they said to submit 150<sup>00</sup>  
with a letter. I know ~~how~~ <sup>now</sup> to  
expect this Uniform Business Report -  
& to look for it.

Sincerely,  
Julie Hall

Tranquil Moment, Inc.