2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # P0000073695 1. Entity Name TREASURE CHEST BOUTIQUE, INC.					Jan 17, 2001 8:00 am Secretary of State 01-17-2001 90071 011 ***150.00			
Principal Place of Business 52123 OCEAN BOULEVARD SARASOTA FL 34242		Mailing Address 52123 OCEAN BOULEVARD SARASOTA FL 34242				Č00 0464	. 1 14. 100 (111)	
2. Principal Place of Business 5 2 1 2 - 1 OC FAN BLVD. Suite, Apt. #, etc.		3. Mailing Address 2645 REGATTA DR. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State SARASOTA FL		City & State SARASOTA M		4. F	El Number 65-1028732	Ar No	oplied For ot Applicable	
3420		34231	Country USA		Certificate of Status Desired	Fee Require		
	6. Name and Address of Current R	egistered Agent	Name	/. N	lame and Address of New Regist	ereu Agent		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
0010	THE CAPPLES TE CO. 104		City			FL Zip Cod	e	
8. The above	named entity submits this statement for t	the purpose of changing its re	gistered office or	registered age	ent, or both, in the State of Florida.	<u>.l.</u>		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent signatur	e required when re	instating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00	Election Campaign Financir Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND D		12.	PVST	DITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRUWE, KARL 5212 OCEAN BOULEVARD SARASOTA FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KARL 5212-	G. STRUWE 1 OCEAN BLVD SOTA FL 347		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARNHAM, PAMELA 5212 OCEAN BOULEVARD NAP STR		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS	ON BOOK I E OVE IE	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	<u>. </u>		Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				į	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: KARL 6. STRUWE 1/8/01 94/9290209 GEGNATURE AND TYPED OF PRESTED NAME OF SIGNING OFFICER OF DIRECTOR PRESS. Date Daytome Phone #								