

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91511 011 ***150.00

DOCUMENT #
1. Entity Name P00000074739

PAST PASSIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~1888 Boyce Street~~
Suite, Apt. #, etc.
1849 Hillview St
City & State
Sarasota, FL
Zip 34239 Country

3. Mailing Address 1849 Hillview St
~~1888 Boyce Street~~
Suite, Apt. #, etc.
City & State
Sarasota, FL
Zip 34239 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030975
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Helmer, Judith L.
Street Address (P.O. Box Number is Not Acceptable)
~~1888 Boyce Street~~ 1849 Hillview St.
City Sarasota FL 34239

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Helmer, Judith L. 1888 Boyce Street Sarasota, FL 34239	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith L. Helmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03
Date

941-552-1849
Daytime Phone #

CR2E034B (12/02)