

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90429 021 ***150.00

DOCUMENT # P00000080935

1. Entity Name

ALL THAT 'N MORE, INC.

Principal Place of Business

Mailing Address

3751 NW 115 TERRACE
SUNRISE FL 33329

P.O. BOX 450190
SUNRISE FL 33345-0190

2. Principal Place of Business

13221 55th Road North

3. Mailing Address

13221 55th Road North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, Florida

City & State

Royal Palm Beach, Florida

4. FEI Number

65-1035963

Applied For

Not Applicable

Zip

Country

33411-8353

Palm Beach

Zip

Country

33411-8353

Palm Beach

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

DIETZ, SUSAN

3751 NW 115 TERRACE

SUNRISE FL 33329

Name

Susan Dietz

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

13221 55th Road North

City Royal Palm Beach

FL

Zip Code

33411-8353

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

Susan Dietz

3-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DIETZ, SUSAN
STREET ADDRESS 3751 NW 115 TERRACE
CITY-ST-ZIP SUNRISE FL 33329 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Susan Dietz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

561-795-7488

Daytime Phone #

CR2E034 (10/00)