

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90068 006 ***150.00

DOCUMENT # P00000088475

1. Entity Name
TREASURED MEMORIES, INC.

Principal Place of Business
POST OFFICE BOX 2542
VALRICO FL 33595

Mailing Address
POST OFFICE BOX 2542
VALRICO FL 33595

2. Principal Place of Business

3. Mailing Address

P.O. Box 3314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

River View, FL 33568

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3673395

Applied For
Not Applicable

Zip

Country

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

SANTARLAS, THOMAS E
2429 BUCKNELL DR.
VALRICO FL 33594

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 \$150.00
After May 1, 2002 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** ☐ Delete
NAME **SANTARLAS, THOMAS E**
STREET ADDRESS **POST OFFICE BOX 2542 N/A**
CITY-ST-ZIP **VALRICO FL 33595**

TITLE **D** ☒ Change ☐ Addition
NAME **SANTARLAS, Thomas E.**
STREET ADDRESS **P.O. Box 3314**
CITY-ST-ZIP **River View, FL 33568**

TITLE **D** ☐ Delete
NAME **RICKER, KIMBERLY N**
STREET ADDRESS **POST OFFICE BOX 2542 N/A**
CITY-ST-ZIP **VALRICO FL 33595**

TITLE **D** ☒ Change ☐ Addition
NAME **SANTARLAS, Kimberly N.**
STREET ADDRESS **P.O. Box 3314**
CITY-ST-ZIP **River View, FL 33568**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Santarlas UP

Date

Daytime Phone #

4-15-2

CR2E034 (9/01)