

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2001 90425 047 ***150.00

DOCUMENT # P00000089476

1. Entity Name

JULIE'S OF TALLAHASSEE, INC.

Principal Place of Business

**3424 BRIAN RD
 PALM HARBOR FL 34685**

Mailing Address

**3424 BRIAN RD
 PALM HARBOR FL 34685**

2. Principal Place of Business

2901 North Monroe Street

3. Mailing Address

28870 US19N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

Tallahassee, FL

City & State

Clearwater, FL

Zip

32303

Country

USA

Zip

33761

Country

USA

4. FEI Number

59-3672567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P
 2909 BAY TO BAY BLVD, STE 309
 TAMPA FL 33629**

7. Name and Address of New Registered Agent

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, 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

TITLE **D** ☐ Delete
 NAME **WALKER, MITCHELL J**
 STREET ADDRESS **3424 BRYAN RD**
 CITY-ST-ZIP **PALM HARBOR FL 33563**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President and CEO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **28870 US19N Suite 300**
 CITY-ST-ZIP **Clearwater, FL 33761**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Date

721-723-8769

Daytime Phone #

CR2E034 (10/00)