

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90108 001 *****5.00
 05-16-2001 90108 002 ***150.00

DOCUMENT # P00000103244

1. Entity Name

The Soapful Creations Company



Principal Place of Business 1699 N. Annapolis Ave
 Hernando, FL 34442
Mailing Address 1699 N. Annapolis Ave.
 Hernando, FL 34442

71639

2. Principal Place of Business 1343 E. Triple Crown Loop
 Suite, Apt. #, etc.
3. Mailing Address 1343 E. Triple Crown Loop
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Hernando, FL
City & State Hernando, FL
4. FEI Number 59-3683235
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Patricia A. Coats
 1343 E. Triple Crown Loop
 Hernando, FL 34442
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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------|---------------------------------|---|---------------------------|---|
| TITLE | President | <input type="checkbox"/> Delete | TITLE | President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Patricia A. Coats | | NAME | Patricia A. Coats | |
| STREET ADDRESS | 1699 N. Annapolis Ave. | | STREET ADDRESS | 1343 E. Triple Crown Loop | |
| CITY-ST-ZIP | Hernando, FL 34442-5227 | | CITY-ST-ZIP | Hernando, FL 34442-5227 | |
| TITLE | Secretary | <input type="checkbox"/> Delete | TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Patricia A. Coats | | NAME | Patricia A. Coats | |
| STREET ADDRESS | 1699 N. Annapolis Ave. | | STREET ADDRESS | 1343 E. Triple Crown Loop | |
| CITY-ST-ZIP | Hernando, FL 34442 | | CITY-ST-ZIP | Hernando, FL 34442 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Patricia A. Coats 352
 5/4/01 341-8402
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

attachment
B# P00000103244

The Soapful Creations Company
1343 E. Triple Crown Loop
Hernando, FL 34442
Tel: 352-342-8402

Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

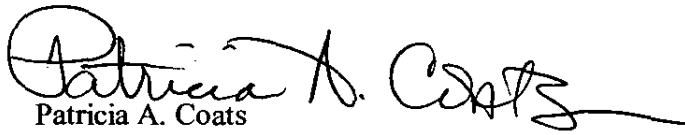
Concerning: Uniform Business Report

Dear Sir or Madam:

Enclosed are the Uniform Business Report and filing fee for The Soapful Creations Company. We did not receive our filing papers and so were unaware of the due date (this is our first filing period). We were able to obtain the forms at your website and are submitting them in as timely a fashion possible considering our circumstances. Your office was very courteous and helped us find the correct form. We were also assured that there was still time to file.

Thank you for your time.

Sincerely,


Patricia A. Coats
President

encls.