

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115596

1. Entity Name

SIXTY MINUTE MIRACLE, INC.

Principal Place of Business

2376 BURTON LN
SARASOTA FL 34239

Mailing Address

2376 BURTON LN
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1072354

Applied For

Not Applicable

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

VOIGT & VOIGT, P.A.
2414 BEE RIDGE RD
SARASOTA FL 34239

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.

SIGNATURES

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	President	☐ Delete
NAME	LOUISE CHAPPEL	
STREET ADDRESS	2376 BURTON LN	
CITY- ST- ZIP	SARASOTA, FL 34239	
TITLE	Vice President	☐ Delete
NAME	FRED H. KELLERMAN	
STREET ADDRESS	2376 BURTON LN	
CITY- ST- ZIP	SARASOTA, FL 34239	
TITLE	Secretary	☐ Delete
NAME	FRED H. KELLERMAN	
STREET ADDRESS	2376 BURTON LN	
CITY- ST- ZIP	SARASOTA, FL 34239	
TITLE	Treasurer	☐ Delete
NAME	FRED H. KELLERMAN	
STREET ADDRESS	2376 BURTON LN	
CITY- ST- ZIP	SARASOTA, FL 34239	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURES

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 28, 2001 8:00 am
Secretary of State

06-28-2001 90001 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)