

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90011 032 ***550.00

DOCUMENT # P01000014651

1. Entity Name
THE OCCASIONAL SHOPPE, INC.

Principal Place of Business
12101 NORTH MAGNOLIA AVENUE
OCALA FL 34475

Mailing Address
12101 NORTH MAGNOLIA AVENUE
OCALA FL 34475

811410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
507 S.E. Fort King St.
 Suite, Apt. #, etc.

3. Mailing Address
507 S.E. Fort King St.
 Suite, Apt. #, etc.

City & State
Ocala FL
 Zip
34475
 Country
USA

City & State
Ocala FL
 Zip
34471
 Country
USA

4. FEI Number
59-3707363
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAINES, TIM
125 NORTHEAST FIRST AVENUE
SUITE 1
OCALA FL 34478

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **KING, JUDITH E**
 STREET ADDRESS **12101 NORTH MAGNOLIA AVENUE**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **King, Judith E.**
 STREET ADDRESS **507 S.E. Fort King St.**
 CITY-ST-ZIP **Ocala, FL 34471**

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

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

TITLE ☐ Change ☐ Addition
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 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: **NOT REQUIRED** **9-3-02 352-732-8880**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)