

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90339 020 \*\*\*150.00

**DOCUMENT # P01000021830**

1. Entity Name

**WILD SIDE TATTOO, INC.**

Principal Place of Business

**5182 NORTHEAST 18TH TERRACE  
POMPAÑO BEACH FL 33064**

Mailing Address

**5182 NORTHEAST 18TH TERRACE  
POMPAÑO BEACH FL 33064**

2. Principal Place of Business

**1805 E SAMPLE RD**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**POMPAÑO BEACH FL**

City & State

Zip

**33064**

Country

**USA**

Zip

Country

4. FEI Number

**65-1085816**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**VALERIE HARRISON**

Street Address (P.O. Box Number is Not Acceptable)

**5182 NE 18TH TERRACE**

City

**POMPAÑO BEACH**

FL

Zip Code

**33064**

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

*Valerie Harrison*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/11/02**

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

TITLE **PSTD**  
NAME **HARRISON, VALERIE L**  
STREET ADDRESS **5182 NORTHEAST 18TH TERRACE**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

*Valerie Harrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02**  
Date

**954-785-9292**  
Daytime Phone #

CR2E034 (9/01)