

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90001 028 \*\*\*150.00

**DOCUMENT # P01000025255**

1. Entity Name  
UNCLE ALBERT'S ATTIC, INC.



Principal Place of Business  
12807 W. HILLSBOROUGH AVE  
TAMPA, FL 33635

Mailing Address  
3800 ULMERTON ROAD  
CLEARWATER, FL 33762

2. Principal Place of Business - No P.O. Box #  
3800 Ulmerton Rd  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Clearwater FL  
Zip  
33762

City & State

Zip

Country

08122008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3702333

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JOHNSON/WEINTRAUB, JULIE  
12807 W. HILLSBOROUGH AVE  
TAMPA, FL 33635

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
3800 Ulmerton Rd

City Clearwater

FL

Zip Code  
33762

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME JOHNSON/WEINTRAUB, JULIE  
STREET ADDRESS 12807 W. HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA, FL 33635

TITLE VT ☐ Delete  
NAME JOHNSON/WEINTRAUB, JULIE  
STREET ADDRESS 12807 W. HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA, FL 33635

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 3800 Ulmerton Rd  
STREET ADDRESS Tampa, FL 33762  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 3800 Ulmerton Rd  
STREET ADDRESS Tampa, FL 33762  
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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/08 727-804-3898  
Date Daytime Phone #