

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90081 023 ***150.00

DOCUMENT # P01000028051

1. Entity Name
CARIBBEAN JUBILEE TOO, INC.

Principal Place of Business

**3827 SAILMAKER LN.
HOLIDAY FL 34691**

Mailing Address

**3827 SAILMAKER LN.
HOLIDAY FL 34691**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**815 Dodecanese Blvd.
Suite, Apt. #, etc.
Tarpon Springs, FL
City & State**

3. Mailing Address

**1111 Bowsprit LN.
Suite, Apt. #, etc.**

City & State

Holiday, FL

4. FEI Number

59-3716403

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34691

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONACO, FRANCESCA
3827 SAILMAKER LN.
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

Name

Monaco, Francesca

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

1111 Bowsprit LN

City

Holiday

FL

Zip Code

34691

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, 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 **D** ☐ Delete
NAME **MONACO, FRANCESCA**
STREET ADDRESS **3827 SAILMAKER LN.**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **P** ☒ Change ☐ Addition
NAME **monaco, Francesca**
STREET ADDRESS **1111 Bowsprit LN.**
CITY-ST-ZIP **Holiday, FL 34691**

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francesca Monaco **1/8/02** **(727) 934-5447**

CR2E034 (9/01)