

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State
 02-01-2002 90047 012 ***150.00

UNIFORM . AI

DOCUMENT # P01000030009

1. Entity Name
TODAY & FOREVER CREATIONS, INC.

Principal Place of Business

P.O. BOX 515
 SPARR FL 32192

Mailing Address

P.O. BOX 515
 SPARR FL 32192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201 SW College Rd.

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite N° 12

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

4. FEI Number

59-3705317

Applied For

Not Applicable

Zip

Country

34474

USA

Zip

Country

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

OLIVA, OLGA L
2241 N.E. 78TH STREET
OCALA FL 34479

Name
Olga L. Oliva

Street Address (P.O. Box Number is Not Acceptable)
852 E. Hwy 329

City
Citra

FL

Zip Code
32113

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

Olga L. Oliva OLGA L. OLIVA V-Pres. 1/11/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **ACOSTA, YAIMA C**
 STREET ADDRESS **4504 S.W. 131ST AVENUE**
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **D** ☐ Delete
 NAME **OLIVA, OLGA L**
 STREET ADDRESS **2241 N.E. 78TH STREET**
 CITY-ST-ZIP **OCALA FL 34479**

TITLE **D** ☒ Change ☐ Addition
 NAME **OLIVA, OLGA L.**
 STREET ADDRESS **852 E. Hwy 329**
 CITY-ST-ZIP **Citra, FL 32113**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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

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

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

Olga L. Oliva OLGA L. OLIVA 1/11/02 (352) 629-6646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)