

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90447 005 \*\*\*150.00

DOCUMENT # P01000038078

1. Entity Name

ON THE SPOT JEWELRY REPAIR, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

300 MARY ESTHER BLVD

3. Mailing Address

300 MARY ESTHER BLVD

Suite, Apt. #, etc.

UNIT 46

Suite, Apt. #, etc.

UNIT 46

City & State

MARY ESTHER, FL

City & State

MARY ESTHER, FL

Zip

32569

Country

USA

Zip

32569

Country

USA

4. FEI Number

59-3719170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHELE HENLE

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

300 MARY ESTHER BLVD

City

MARY ESTHER

FL

Zip Code

32569

**DO NOT WRITE  
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C/P/S/T  
MICHELE HENLE  
261 TECUMSEH LANE  
MARY ESTHER, FL 32569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 MICHELE HENLE

3/27/2002

(850) 217-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)