

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90043 007 \*\*\*150.00

**DOCUMENT # P01000043342**

**1. Entity Name**  
**SASSY ACCESSORIES, INC.**

**Principal Place of Business**

**4951 SW 33 TERRACE**  
**FT. LAUDERDALE FL 33312**

**Mailing Address**

**4951 SW 33 TERRACE**  
**FT. LAUDERDALE FL 33312**

**2. Principal Place of Business**

**920 E COCO PLUM WAY**

Suite, Apt. #, etc.

**3. Mailing Address**

**920 E COCO PLUM WAY**

Suite, Apt. #, etc.

**City & State**

**PLANTATION, FL**

**Zip 33324**

**Country USA**

**City & State**

**PLANTATION, FL**

**Zip 33324**

**Country USA**

**4. FEL Number**

**05-1103316**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KLEIN, STEVEN C**  
**7522 WILES ROAD SUITE 210**  
**CORAL SPRINGS FL 33067**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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 REMLINGER, JAMES**  
**STREET ADDRESS 5065 RAVENWOOD DRIVE**  
**CITY-ST-ZIP MARIETTA GA 30066**

**TITLE D** ☐ Delete  
**NAME STRICKMAN, HOWARD**  
**STREET ADDRESS 4951 SW 33 TERRACE**  
**CITY-ST-ZIP FT. LAUDERDALE FL 33312**

**TITLE D** ☐ Delete  
**NAME STRICKMAN, SYDELLE**  
**STREET ADDRESS 4951 SW 33 TERRACE**  
**CITY-ST-ZIP FT. LAUDERDALE FL 33312**

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

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE D** ☒ Change ☐ Addition  
**NAME STRICKMAN, HOWARD**  
**STREET ADDRESS 920 E COCO PLUM WAY**  
**CITY-ST-ZIP PLANTATION, FL 33324**

**TITLE D** ☒ Change ☐ Addition  
**NAME STRICKMAN, SYDELLE**  
**STREET ADDRESS 920 E COCO PLUM WAY**  
**CITY-ST-ZIP PLANTATION, FL 33324**

**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**

**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 #

**2/6/02 954-4390407**

CR2E034 (9/01)