

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

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90810 041 ***158.75

DOCUMENT # P01000056451

1. Entity Name

Occasion Inc.

DO NOT WRITE IN THIS SPACE

B0126610

2. Principal Place of Business

OCCASION, INC.

3. Mailing Address

OCCASSION, INC.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Box 772284

Suite, Apt. #, etc.

Box 22687

City & State

ORLANDO, FL

City & State

ORLANDO - FLORIDA

4. FEI Number

59-3727248

Applied For

☐ Not Applicable

Zip

32877

Country

Zip

33009

Country

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

7. Name and Address of Current Registered Agent

Name

Sami. Shaikh

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

14920 WILLOW LANE

City

ORLANDO - F

FL

Zip Code

32824

**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

Sami. Shaikh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-05-02

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

~~OFFICER~~ PRESIDENT

NAME

SAMI. SHAIKH

STREET ADDRESS

14920 WILLOW LANE

CITY-ST-ZIP

ORLANDO - FL 32824

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

* Please mail any documents to the address above, not the P.O. Box.

Thank You

TITLE

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

SIGNATURE:

Sami. Shaikh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-468
6-05-02 6078

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 29, 2002

OCCASSION INC.
C/O SOHAIL SHAIKH
14920 WILDWOOD LILY COURT
ORLANDO, FL 32824

tax ID

SUBJECT: OCCASSION INC.
Ref. Number: P01000056451

Attachment
B0126610

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 302A00034448



Attachment

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 8, 2002

OCCASSION INC.
BOX 772284
ORLANDO, FL 32824

SUBJECT: OCCASSION INC.
Ref. Number: P01000056451

We have received your document for OCCASSION INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 902A00028878

Attachment

TRANSMITTAL LETTER

P01000056451

FILED

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

01 JUN -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Occassion, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004337956--3
-06/01/01-01051-014
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Sami Shakh

Name (Printed or typed)

SHAKH

Box 772284

Address

Orlando FL 32877

City, State & Zip

407-~~22222222~~ 468-6078

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Attachment
R# P0100050451
FILED

01 JUN -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Occassion Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Box 772284 Orlando, FL 32877

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Sami Shaikh
149 20 Wildwood Lily Ct
Orlando, FL 32824

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sami Shaikh
14920 Wildwood Lily Ct
Orlando, FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sami Shaikh
14920 Wildwood Lily Ct
Orlando FL 32824

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sami Shaikh
Signature/Registered Agent

05-30-01
Date

Sami Shaikh
Signature/Incorporator

05-30-01
Date