

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91415 007 ***150.00

DOCUMENT # P01000065621

1. Entity Name
ROSEBUD'S TOY STORE, INC.



Principal Place of Business
4300 S FEDERAL HWY #1, SUITE 214
JUPITER FL 33477

Mailing Address
4300 S FEDERAL HWY #1, SUITE 214
JUPITER FL 33477

6403 W Newberry Road Same as Principal

2. Principal Place of Business

Suite 2B

Suite, Apt. #, etc.

Gainesville Florida

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1118611**

Applied For

Not Applicable

Zip

32605

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST, 4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Michael Helish

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

6403 W. Newberry Road Suite 2B

Gainesville, Florida

City

Gainesville, Florida

FL

Zip Code

32605

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *Michael Helish Corporate President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing - ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **HELISH, MICHAEL A**
STREET ADDRESS **4300 S FEDERAL HWY #1, SUITE 214**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Corporate President STD** ☒ Change ☐ Addition
NAME **Helish, Michael A.**
STREET ADDRESS **6403 W Newberry Road Suite 2B**
CITY-ST-ZIP **Gainesville, FL 32605**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] *Michael Helish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03 352-331-7410

Date Daytime Phone #

CR2E034 (10/02)