

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

"AMENDED"
FILED

DOCUMENT # **PO1000065621**

1. Entity Name

ROSEBUD'S TOY STORE, INC.



03 JUL 14 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1161 EAST ATLANTIC AVE.

3. Mailing Address

1161 EAST ATLANTIC AVE.

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

Zip

33483

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DINO PALISKA

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

1161 EAST ATLANTIC AVE, Ste. 5

City

DELRAY BEACH

FL

Zip Code

33483

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES, TREAS, SECT, DIRECTOR
PALISKA, DINO
1161 EAST ATLANTIC AVE, Ste. 5
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300021515843
07/14/03--01035--001 **61.25**

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)