

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90246 043 \*\*\*150.00

**DOCUMENT # P01000074275**

1. Entity Name  
**CARTOONQUEEN, INC.**

Principal Place of Business

**9380 N.W. 17TH STREET  
 PLANTATION FL 33322**

Mailing Address

**9380 N.W. 17TH STREET  
 PLANTATION FL 33322**

2. Principal Place of Business

**1060 95th street**

Suite, Apt. #, etc.  
**6**

City & State

**BAY HARBOR, Florida**

Zip  
**33154**

Country  
**USA**

3. Mailing Address

**1060 95th street**

Suite, Apt. #, etc.  
**6**

City & State

**BH, Florida**

Zip  
**33154**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1132818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HANLEY, VIRGINIA**

**9380 N.W. 17TH STREET  
 PLANTATION FL 33322**

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 *Virginia A. Hanley*

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/02**

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 **P** ☐ Delete  
 NAME **HANLEY, VIRGINIA**  
 STREET ADDRESS **9380 N.W. 17TH STREET**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **HANLEY, VIRGINIA**  
 STREET ADDRESS **1060 95th street suite 6**  
 CITY-ST-ZIP **BAY HARBOR ISLAND, FLORIDA 33154**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **HANLEY JOAN**  
 STREET ADDRESS **9380 N.W. 17th Street**  
 CITY-ST-ZIP **PLANTATION, FLORIDA 33322**

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

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

**4/28/02** **305-467-3254**

Date

Daytime Phone #

CR2E034 (9/01)