

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90089 033 ***150.00

DOCUMENT # P01000089601

1. Entity Name
THAT SPECIAL SOMETHING, INC.



Principal Place of Business
1024 HWY A1A # 146
SATELLITE BCH FL 32937

Mailing Address
500 HOLLY DR
SATELLITE BCH FL 32937

2. Principal Place of Business

3. Mailing Address
502 SUMMERSET CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
INDIAN HARBOR BEACH

Zip

Country

Zip
32937

Country
BREVARD

4. FEI Number
59-3744946

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANDO, LISA A
500 HOLLY DR
SATELLITE BCH FL 32937

Name

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

City
INDIAN HARBOR BEACH FL

Zip Code
32937

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 *Lisa Pando* **LISA PANDO**

4/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
DIMICCO, DEDORAH L
STREET ADDRESS
500 HOLLY DR
CITY-ST-ZIP
SATELLITE BCH FL 32937

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

TITLE
D ☐ Delete
NAME
PANDO, LISA A
STREET ADDRESS
565 DOGWOOD DR
CITY-ST-ZIP
SATELLITE BCH FL 32937

TITLE ☒ Change ☐ Addition
NAME
LISA A. PANDO
STREET ADDRESS
502 SUMMERSET CT
CITY-ST-ZIP
I.H.B., FL 32937

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Lisa A. Pando* **LISA A. PANDO**

4/20/03 321-773-8859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)