

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101280

1. Entity Name

POTTED TREASURES, INC.

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90871 010 \*\*\*150.00

Principal Place of Business

8523 E. GARDEN OAKS CIRCLE  
 PALM BEACH GARDENS FL 33410

Mailing Address

8523 E. GARDEN OAKS CIRCLE  
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gardens, FL

Zip

Country

Zip

33410

Country

Palm Beach

4. FEI Number

59-3758444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSARO, JANE M

8523 E. GARDEN OAKS CIRCLE

PALM BEACH GARDENS FL 33410

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

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

(NOTE: Registered Agent signature required when reinstating)

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 President  
 NAME JANE M. MASSARO  
 STREET ADDRESS 8523 E Garden Oaks Circle  
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

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  
 JANE M. MASSARO

4/26/02

86. 493-8247

Date

Daytime Phone #

CR2E034 (9/01)