

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90026 048 ***150.00

0083283 AV

DOCUMENT # P01000121243

1. Entity Name
MEMORIES & TREASURES, INC.



Principal Place of Business
162 BROADMOOR RD
LK MARY FL 32746

Mailing Address
162 BROADMOOR RD
LK MARY FL 32746



2. Principal Place of Business
162 BROADMOOR AVE.

3. Mailing Address
162 BROADMOOR AVE

Suite, Apt. #, etc.
LAKE MARY, FL

Suite, Apt. #, etc.
LAKE MARY, FL

City & State
32746-3914 US

City & State
32746-3914 US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0621368**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

BENNETT, ANN F
795 32ND ST
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5355 JADE CIRCLE
City **ORLANDO** FL Zip Code **32812**

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 _____

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **METRIN, KAREN M**
STREET ADDRESS **162 BROADMOOR RD**
CITY-ST-ZIP **LK MARY FL 32746**

TITLE **D** ☐ Delete
NAME **BENNETT, ANN F**
STREET ADDRESS **795 32ND ST**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **BENNETT, ANN F.**
STREET ADDRESS **5355 JADE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32812**

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

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: **ANN F BENNETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 **407-438-1075**
Date Daytime Phone #

CR2E034 (10/02)