

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90152 045 ***150.00

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DOCUMENT # P02000088513

1. Entity Name
FANTASYSHARE, INC.



Principal Place of Business
2236 LAUREL WAY
APT. # 4
WEST PALM BEACH FL 33415

Mailing Address
2236 LAUREL WAY
APT. # 4
WEST PALM BEACH FL 33415



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

SUTHERLIN, JUANITA J
2236 LAUREL WAY
APT. # 4
WEST PALM BEACH FL 33415

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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P, S, T, D
JUANITA J. SUTHERLIN
2236-4 LAUREL WAY
WEST PALM BEACH, FL. 33415

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

Juanita J. Sutherland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-03

Date

561-642-9255

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT

#P02000088513

80148056

9-10-03

To Whom It May Concern,

I RESPECTFULLY REQUEST THAT THE
DIVISION OF CORPORATIONS WAIVE THE LATE
FEE ASSOCIATED WITH THE UNIFORM BUSINESS
REPORT FOR FANTASHARE, INC.

AS GROUNDS FOR THIS REQUEST I
HEREBY ATTEST AND AFFIRM THAT FANTASH-
SHARE, INC. DID NOT RECEIVE THE
PRIOR NOTICE.

THANKING YOU IN ADVANCE FOR YOUR
CONSIDERATION IN THIS MATTER, I AM

RESPECTFULLY YOURS,
Juanita J. Sutherland
JUANITA J. SUTHERLIN
PRESIDENT