

FILED
Jun 27, 2003 8:00 am
Secretary of State

04-22-2003 90036 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55049941

DOCUMENT # P02000097285			
1. Entity Name ONCE, TWICE, THREE TIMES, SOLD, INC.			
Principal Place of Business 517 SW FIRST AVE. FT. LAUDERDALE FL 33301		Mailing Address 517 SW FIRST AVE. FT. LAUDERDALE FL 33301	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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			
MEE, GLENN R 517 SW FIRST AVE. FT. LAUDERDALE FL 33301			
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. 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 resigning)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P, S, T & D Bessie Spaulding 517 SW 1st Ave FT. LAUD, FL 33301			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: <u>SIGNATURE REQUIRED</u> 4/20/03 954-524-4141			