

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90223 041 ***150.00

0513021

DOCUMENT # P93000012250

1. Entity Name

STOCKIN' IT, INC.

Principal Place of Business

**9346 STINGRAY LN
 BOYNTON BEACH FL 33437
 US**

Mailing Address

**P.O. BOX 741284
 BOYNTON BCH FL 33474
 US**

2. Principal Place of Business

3. Mailing Address

9346 Stingray Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach

Zip

Country

Zip

Country

33437

US

4. FEI Number

65-0388610

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

GIUS, LINDA

**9346 STINGRAY LN
 BOYNTON BEACH FL 33437**

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

Linda A Gius

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

(NOTE: Registered Agent signature required when reinstating)

4/15/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **MOLFETTO, IDA**
 STREET ADDRESS **300 SE 6TH AVE**
 CITY-ST-ZIP **POMPAHO BEACH FL 33060**

TITLE **D** ☐ Delete
 NAME **CALDWELL, KATHY**
 STREET ADDRESS **1320 SW 26TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **D** ☐ Delete
 NAME **GIUS, LINDA**
 STREET ADDRESS **9346 STINGRAY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☒ Delete
 NAME **DEFLORA, MARIE**
 STREET ADDRESS **1915 SW 24TH CIRCLE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Linda Chiodo**
 STREET ADDRESS **2515 SW 13th Court**
 CITY-ST-ZIP **Boynton Beach FL 33426**

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

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

TITLE ☐ Change ☒ Addition
 NAME **Nancy Godder**
 STREET ADDRESS **3573 Lakeview Blvd**
 CITY-ST-ZIP **Delray Beach, FL 33445**

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

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

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:

Linda A Gius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

954-429-2208

Daytime Phone #

CR2E034 (10/00)