

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90335 021 \*\*\*150.00

DOCUMENT # **P93000079877**

1. Entity Name

**The CHUCKLE PATCH, INC.**

Principal Place of Business

**7011 N. STATE Rd. 7  
 Parkland, FL 33073**

Mailing Address

**7011 N. STATE Rd. 7  
 Parkland, FL 33073**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0450619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HILARY HAIMOWITZ  
 7011 N. STATE Rd. 7  
 Parkland, FL 33073**

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]*

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PSTD** ☐ Delete  
 NAME **Hilary Haimowitz**  
 STREET ADDRESS **7011 N. STATE Rd. 7**  
 CITY-ST-ZIP **Parkland, FL 33073**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/17/02**

Date

Daytime Phone #

Attachment  
#P9300079877  
60131430

JULY 15, 2002

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: THE CHUCKLE PATCH, INC.

TO WHOM IT MAY CONCERN:

I AM WRITING IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT WE NEVER RECEIVED OUR FIRST NOTIFICATION IN THE MAIL. PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$150.00 TO COVER THE INITIAL FILING FEE. WE ARE RESPECTFULLY REQUESTING AN ABATEMENT OF ANY PENALTY THAT MAY HAVE ACCRUED DUE TO THIS ERROR.

THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,

HILARY HAIMOWITZ, PRESIDENT

HILARY -  
Sign & date form  
at bottom of PS.  
& sign letter -  
MAKE CK. payable  
to FL Dept. STATE.  
MAIL All TO Address on  
letter. "K.