

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021457

1. Entity Name

KILLER BEADS AND EVERYTHING ELSE YOU NEED, INC. *R*

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90078 046 ***150.00

Principal Place of Business

7933 MCELVEY RD
PANAMA CITY BEACH FL 32408

Mailing Address

PO BOX 18797
PANAMA CITY BEACH FL 32417-8797

2. Principal Place of Business

7933 McElvey Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3242004

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

MCLAUGHLIN, CHRISTINE L
14600 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413

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

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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MCLAUGHLIN, CHRISTINE L
CITY-ST-ZIP 14600 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.7.00

8502346361

Attachment
01/19/00 2145
BW70855



July 10, 2000

Florida Department of State
Division of Corporations

Dear Madam or Sir:

Regarding the enclosed Uniform Business report for:

Killer Beads and Everything Else You Need, Inc.

We always pay priority attention to government matters. We NEVER received the first mailings on any of these returns.

Per my telephone call to your office today, I am enclosing only \$150.00.

Sincerely,

Dianne Lovdal
General Manager
Killer Beads, Inc.

