

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031996

1. Entity Name

LA BONBONIERE OF SOUTH WALTON, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90024 001 ***300.00

Principal Place of Business

Mailing Address

1150 JOHN SIMS PARKWAY
 NICEVILLE FL 32578

1150 JOHN SIMS PARKWAY
 NICEVILLE FL 32578-2204

2. Principal Place of Business

3. Mailing Address

City & State

City & State

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3292623

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

~~MOORE, BERT~~
~~1150 JOHN SIMS PARKWAY~~
~~NICEVILLE FL 32578~~

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
 NAME DP
 STREET ADDRESS SHAHID, ROBERT J JR.
 CITY-ST-ZIP 5375 HWY. E. 98
 DESTIN FL

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

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS SHAHID, BILLIE T
 CITY-ST-ZIP 309 ELLIOTT RD
 FT WALTON BEACH FL 32548

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

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS SHAHID, SHAWN
 CITY-ST-ZIP 667 IDLEWILD CENTER
 BIRMINGHAM AL 35205

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MOORE, BERT
 CITY-ST-ZIP 1150 JOHN SIMS PARKWAY
 NICEVILLE FL 32578

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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)(l), 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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 10314 (9/99)

Attachment
D# P94000031993
D# P94000031994

7/15/00 18815
\$
18816

Dear Mrs. Harris,

I am just now receiving these from my lawyer's office. Therefore, I hope you will let me only pay \$150⁰⁰ & not the penalty because I can not afford that at this time —

From now on please send these to our address, so we can make them on time —

Laboumiers
9375 Highway 98 W #14
Destin, Fla 32541

I thank you so very much for doing this for me —

Yours S. Shahid

* Please be sure and delete

Port Moore
1150 John Sims Parkway
Neville, Fla 32578