

# 2000 UNIFORM BUSINESS REPORT (UBR)

1042

DOCUMENT # P95 0000 25388

1. Entity Name

FANCY THIS, INC

Principal Place of Business

Mailing Address

2211 S. KANNER HIGHWAY  
STUART, FL 34994-4619

2. Principal Place of Business

3. Mailing Address

2211 S. KANNER HWY 2211 S. KANNER HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0570584

Applied For

Not Applicable

Zip

Country

34994-4619

Zip

Country

34994-4619

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

AHMET F. TUNSOY  
2211 S. KANNER HIGHWAY  
STUART, FL 34994-4619

Name

DONNA TUNSOY

Street Address (P.O. Box Number is Not Acceptable)

2211 S. KANNER HIGHWAY

City

STUART

FL

Zip Code

34994-4619

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

DONNA TUNSOY

DONNA TUNSOY

10-19-00

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: PRES  
NAME: AHMET F. TUNSOY  
STREET ADDRESS: 2211 S. KANNER HIGHWAY  
CITY-ST-ZIP: STUART, FL 34994-4619

☒ Delete

TITLE: PRES  
NAME: DONNA TUNSOY  
STREET ADDRESS: 2211 S. KANNER HIGHWAY  
CITY-ST-ZIP: STUART, FL 34994-4619

☐ Change

☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: 500003456035-4  
STREET ADDRESS: -11/07/00--01116--020  
CITY-ST-ZIP: \*\*\*\*150.00 \*\*\*\*150.00

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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:

DONNA TUNSOY

DONNA TUNSOY

10-19-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

October 19, 2000

Department of State  
Division of Corporations.  
PO Box 6327  
Tallahassee, FL 32314

re: **Fancy This, Inc. P95000025388 Annual Report - 2000**

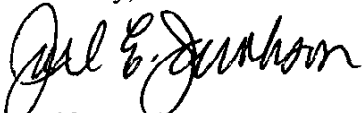
To Whom It May Concern:

Enclosed is an annual report form for my above referenced client and a check in the amount of \$150.00.

We respectfully request that the corporation be reinstated without any penalty because there was a death in the family and the office was moved and the taxpayers never received the report forms in the mail.

Thank you for your cooperation.

Sincerely,

  
Joel E. Jacobson



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SUITE 504  
CORAL SPRINGS, FL 33065-4131  
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FAX: 954-755-8672  
EMAIL: JOELTAXPRO@AOL.COM  
WWW.CREATIVE-ACCOUNTING.COM