

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037796

1. Entity Name

FANTASTIC FEATHERS, INC.

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

04-17-2000 90108 042 ***158.75

Principal Place of Business

Mailing Address

7430 S US #1
 PORT ST LUCIE FL 34952

7430 S US #1
 PORT ST LUCIE FL 34952

2. Principal Place of Business

6672 S US 1

Suite, Apt. #, etc.

3. Mailing Address

6672 S US 1

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE, FL

Zip
 34952

Country

City & State

PORT ST LUCIE, FL

Zip
 34952

Country

4. FEI Number

65-0592704

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

CHARTERS, LYNNE

7430 S US #1

PORT ST LUCIE FL 34952

Name

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

6672 S US 1

City

PORT ST LUCIE

FL

Zip Code

34952

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 CHARTERS, LYNNE
 7430 S US #1
 PORT ST LUCIE FL 34952 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 6672 S US 1
 PORT ST LUCIE, FL 34952 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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:

Lynne Charters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-2000

Date

561-465-4002

Daytime Phone #

CR20014 (12/99)