

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90003 040 ***150.00

DOCUMENT # P95000078728

1. Entity Name

THREE TIMES AROUND, INC.

Principal Place of Business

Mailing Address

2831 NE 48 ST.
LIGHT HOUSE POINT FL 33064

2831 NE 48 ST.
LIGHT HOUSE POINT FL 33064-7115

2. Principal Place of Business

4240 NE 24 AVE

Suite, Apt. #, etc.

LIGHTHOUSE Point

City & State

FL

Zip

33064

Country

USA

3. Mailing Address

4240 NE 24 AVE

Suite, Apt. #, etc.

LIGHTHOUSE Point FL

City & State

Zip

33064

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0624357

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

CASTLE, LORI
2831 NE 48 ST.

LIGHT HOUSE POINT FL 33064

Name

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

4240 NE 24 AVE

City

LIGHTHOUSE Point

FL

Zip Code

33064

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

1-11-00

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	<input type="checkbox"/> Delete
P	CASTLE, LORI	2831 NE 48 ST.	LIGHT HOUSE POINT FL 33064	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 #

1-11-00

CR2E034 (9/99)