

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90229 026 \*\*\*158.75

**DOCUMENT # P95000090230**

1. Entity Name

**SARA'S BEARS & GIFTS, II, INC.**

Principal Place of Business

1652 TAYLOR RD  
PT ORANGE FL 32124

Mailing Address

1652 TAYLOR RD  
PT ORANGE FL 32124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3363293**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, SYLVAN A**  
**618 N WILD OLIVE AVE**  
**DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name

**Stephen G. Martin**

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

**630 N Wild Olive Avenue, Ste B**

City

**Daytona Beach**

**FL**

Zip Code  
**32118**

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

**Cecelia M. Kuhn**

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

**6-1-01**

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, 2001 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELLS, SYLVAN A</b>	
STREET ADDRESS	<b>618 N WILD OLIVE AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELLS, SALLY A</b>	
STREET ADDRESS	<b>618 N WILD OLIVE AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CROMARTIE, R. SAMUEL</b>	
STREET ADDRESS	<b>236 JOHN ANDERSON DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CROMARTIE, R. SAMUEL Elaine</b>	
STREET ADDRESS	<b>236 JOHN ANDERSON DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cecelia Kuhn</b>	
STREET ADDRESS	<b>5922 KENDREW DRIVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32124</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

**Cecelia Kuhn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/9/01**

CR2E034 (10/00)