

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012361

1. Entity Name
IT'S THAT TIME, INC.

Principal Place of Business
10224 N 30TH ST
TAMPA FL 33612
US

Mailing Address
9712 LEWIS RD
THONOTASSA FL 33592
US Thonotosassa

2. Principal Place of Business
10224 N. 30th St.
Suite, Apt. #, etc.

3. Mailing Address
9712 Lewis Rd.
Suite, Apt. #, etc.

City State Zip
TAMPA, FL 33612 Hillsborough

City State Zip
Thonotosassa, FL 33592

DO NOT WRITE IN THIS SPACE
5/27/02 90444 048-15000

4. FEI Number 59-3360229 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134
Name change Spiegel & Utrera
1840 S W 22nd St.
4th Floor
Miami, FL 33145

7. Name and Address of New Registered Agent
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, FRED JR.		NAME		
STREET ADDRESS	9712 LEWIS ROAD		STREET ADDRESS		
CITY-ST-ZIP	THONOTASSA FL 33592		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, 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: Fred Hicks Jr. Pres. 6-20-02 813-986-6241
Date Daytime Phone #

041770 AV

CR2004 (9/01)

FILED
02 JUL 12 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

