

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90201 050 ***150.00

DOCUMENT # P96000031057
1. Entity Name
TERESA'S FASHIN STUDIO INC.
Principal Place of Business
1657 10TH ST
SARASOTA
FL 34236
Mailing Address
1657 10TH ST
SARASOTA
FL 34236

718551

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0658091
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARY GAWRON
19321-C US HWY 19 STE 601
CLEARWATER FL 33764

7. Name and Address of New Registered Agent
Name
TERESA SZCZYPINSKA
Street Address (P.O. Box Number is Not Acceptable)
2465 FOSTER LANE
City
SARASOTA FL Zip Code
34239

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 *Teresa Szczypinska* DATE 4-5-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
TITLE P
NAME TERESA SZCZYPINSKA
STREET ADDRESS 2465 FOSTER LANE
CITY-ST-ZIP SARASOTA FL 34239
Delete ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
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: *Teresa Szczypinska* DATE 4-5-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)