

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PA6000034306**

1. Entity Name

THE FLORIDA MIST COMPANY, INC.

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90184 042 ***150.00

DO NOT WRITE IN THIS SPACE

B0128157

2. Principal Place of Business

1839 GORFIELD ST

Suite, Apt. #, etc.

3. Mailing Address

1839 GORFIELD ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

4. FEI Number

65-0658999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CATHERINE TREMBLAY

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

1839 GORFIELD ST

City

HOLLYWOOD, FL

Zip Code

33020

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

6-27-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
CATHERINE TREMBLAY
1839 GORFIELD ST
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

6-27-02

THE FLORIDA MIST COMPANY, INC.

Attachment
#PA6000034306
BOI28157

Jun 27, 2002

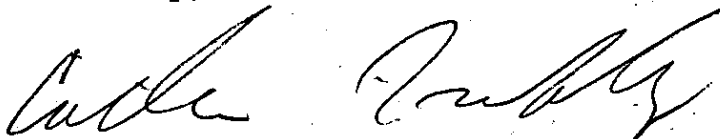
Uniform Business Report
Division of Corporations

To Whom it may Concern,

The Florida Mist Co., Inc. did not receive a Uniform Business Report notice. When we realized we had not received the notice we called your office and they told us to get a copy of the form from your web site. Please find the form and the fee enclosed.

Thank-you for your help.

Sincerely,



Catherine Tremblay
President