

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035768

1. Entity Name

QUICK DRAW TATTOOS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90045 039 ***150.00

Principal Place of Business

Mailing Address

2580 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

2580 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957-5206

2. Principal Place of Business

2580 NE Indian River Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach FL

City & State

Same

Zip

34957

Country

Martin

Zip

Same

Country

Same

4. FEI Number 65-0677673

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

RIESS, CHARLES H JR.
250 SW CHELSEA TERRACE
PORT ST LUCIE FL 34984

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PT RIESS, CHARLES H JR 2580 NE INDIAN RIVER DRIVE JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

CR2E034 (9/99)