

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90142 039 \*\*\*150.00

**DOCUMENT # P96000038683**



1. Entity Name  
**MYSTIQUES OF SARASOTA INC.**

Principal Place of Business  
**4523 BEE RIDGE RD  
SARASOTA FL 34238  
US**

Mailing Address  
**1938 S TAMiami TR  
VENICE FL 34293  
US**



2. Principal Place of Business

3. Mailing Address  
**2200 Kings Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**PMB # 63**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**PORT CHARLOTTE, FL**

4. FEI Number **65-0663496**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33980**

Country  
**US**

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

**KOLTERMAN, RAYMOND  
1938 S TAMiami TRAIL  
VENICE FL 34293**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOLTERMAN, RAYMOND</b> <b>1938 S TAMiami TRAIL</b> <b>VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOLTERMAN, PATRICIA</b> <b>588 SAN AMBROSIA</b> <b>PUNTA GORDA FL 33983</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KRISTI KOLTERMAN</b> <b>1938 S. TAMiami TR</b> <b>VENICE, FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Kolterman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/8/03** Daytime Phone #: **(941) 624-5915**

CR2E034 (10/02)