

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90503 020 ***150.00

DOCUMENT # P96000049335

1. Entity Name

FORGET-ME-NOT COLLECTABLES, INCORPORATED

Principal Place of Business

FORGET-ME-NOT COLLECTABLES, INC.
52 EAST GARADA BLVD
ORMOND BEACH FL 32176
US

Mailing Address

FORGET-ME-NOT COLLECTABLES, INC.
52 EAST GARADA BLVD
ORMOND BEACH FL 32176
US

2. Principal Place of Business

52 E Granada BL
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ormond Beach FL

City & State

Ormond Beach FL 32176

Zip

32176

Country

USA

Zip

32176

Country

USA

4. FEI Number **59-3380818**

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

NINKOVICH, ROSITA
52 E GRANADA BLVD
ORMOND BEACH FL 32176

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 *Rosita Ninkovich*

(NOTE: Registered Agent signature required when reinstating)

May 21 2001

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	ATANASOSKI, CHRISTINE S	
STREET ADDRESS	130 RIVER LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	P	<input type="checkbox"/> Delete
NAME	NINKOVICH, ROSITA	
STREET ADDRESS	89 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: *Rosita Ninkovich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25-2001 904-677-6777
 Date Daytime Phone #

CR2E034 (10/00)