

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90012 041 \*\*\*150.00

0514174 AV

**DOCUMENT # P96000052871**

1. Entity Name

**C B'S DOLL PALACE, INC.**

Principal Place of Business  
**3725 C SOUTH ACCESS ROAD**  
**ENGLEWOOD FL 34223**

Mailing Address  
**2828 S. MC CALL RD.**  
**TIFFANY SQUARE UNIT 7**  
**ENGLEWOOD FL 34224**  
**US**



2. Principal Place of Business  
**2828 S. MC CALL RD.**

3. Mailing Address

Suite, Apt. #, etc.  
**TIFFANY SQUARE UNIT 7**

Suite, Apt. #, etc.

City & State  
**ENGLEWOOD FL**

City & State

4. FEI Number  
**65-0674702**

Applied For

Not Applicable

Zip  
**34224**

Country  
**FLORIDA**

Zip

Country

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

**BICKES, GERALDINE**  
**2828 S. MC CALL RD.**  
**TIFFANY SQUARE UNIT 7**  
**ENGLEWOOD FL 34224**

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 *a. H. Bickes*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-21-02**  
 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, 2002 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  
**O**  
**BICKES, GERALDINE**  
**13583 FORESMAN BLVD.**  
**PORT CHARLOTTE FL 33981**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**CARLU, DONALD**  
**4576 KEMPSON LANE**  
**PORT CHARLOTTE FL 33981**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

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☐ 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)