

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90040 016 ***150.00

DOCUMENT # **P96000066350**

1. Entity Name

French Tips Co

Principal Place of Business

Mailing Address

**1618 S Federal Hwy
 Stuart Florida 34994**

2. Principal Place of Business

3. Mailing Address

1618 S Federal Hwy

1618 S Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart Fla

Stuart Florida

4. FEI Number

Applied For

34994

US

34994

US

65 019 1048

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

**Leslie Campbell
 55 NE Alice Street
 Jensen Bch Fla 34957**

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

Leslie Campbell

5/23/2000

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	President	☐ Delete
NAME	Leslie Campbell	
STREET ADDRESS	55 NE Alice Street	
CITY-ST-ZIP	Jensen Bch Fla 34957	
TITLE	V. President	☐ Delete
NAME	William H. Campbell	
STREET ADDRESS	55 NE Alice Street	
CITY-ST-ZIP	Jensen Bch Fl 34957	
TITLE	Registered agent	☐ Delete
NAME	Leslie Campbell	
STREET ADDRESS	55 NE Alice Street	
CITY-ST-ZIP	Jensen Bch Fl 34957	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Leslie Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/2000

DATE

Daytime Phone #

CF 2E034 (9/99)