

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069503

1. Entity Name
TIKI TANS & NAILS, INC.

Principal Place of Business

501 N. ALTERNATE A1A
JUPITER FL 33477

Mailing Address

~~501 N. ALTERNATE A1A~~
~~JUPITER FL 33477~~

2. Principal Place of Business

SAME

3. Mailing Address

321 CASCADE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH SHORES, FL

Zip

Country

Zip

Country

33404

USA

4. FEI Number

65-0674807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, RONNA G
501 N. ALTERNATE A1A
JUPITER FL 33477-5016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

321 CASCADE LANE

PALM BEACH SHORES

City

FL

Zip Code

33404

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

Ronna G. Carter

4/22/01

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, 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

TITLE **P** ☐ Delete
NAME **CARTER, RONNA G.**
STREET ADDRESS ~~501 N. ALTERNATE A1A~~
CITY-ST-ZIP ~~JUPITER FL 33477-5016~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **CARTER, RONNA G.**
STREET ADDRESS **321 CASCADE LANE**
CITY-ST-ZIP **PALM BEACH SHORES, FL 33404**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/01

561-575-6600

767860



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)