

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072097

1. Entity Name  
SASSY TWO, INC.

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90001 025 \*\*\*150.00

Principal Place of Business

2441 NW 43RD STREET  
SUITE 21  
GAINESVILLE FL 32606  
US

Mailing Address

2441 NW 43RD STREET  
SUITE 21  
GAINESVILLE FL 32606  
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

(no changes)

Suite, Apt. #, etc.

(no changes)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3398287

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

THEOHARIS, TAMARA  
4010 NW 67TH PLACE  
GAINESVILLE FL 32653

Name

N/A

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

Tamara Theoharis

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PSD THEOHARIS, TAMARA 4010 NW 67TH PLACE GAINESVILLE FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THEOHARIS, RICK 4010 NW 67TH PLACE GAINESVILLE FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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

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:

Tamara Theoharis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



7/26/2000  
Attachment  
DH P96 WU72097  
DO076555

Division of Corporations:

Enclosed is my Uniform Business Report for SassyTwo, Inc. I apologize for my untimely manner in returning this to you - I had no idea that this was my second notice - because I never received the Uniform Business Report's 1<sup>st</sup> notice -

I have enclosed a check for \$150.00 - Please, feel free to call me if you have any questions or concerns.

(P.S. - When I called your office this morning - they advised me to write you explaining this and to send a check for \$150.00)

My phone # is (352) 371-3337 -

Thank You,

Tammy McChavis