

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083770

1. Entity Name

NOT JUST CHRISTMAS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90162 032 ***150.00

Principal Place of Business

121-129TH TERRACE
MADEIRA BEACH FL 33708

Mailing Address

121-129TH TERRACE
MADEIRA BEACH FL 33708

2. Principal Place of Business

8296 15TH Way North
Suite, Apt. #, etc.

3. Mailing Address

8296 15TH Way North
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number 59-3403955

Applied For
Not Applicable

Zip 33702

Country USA

Zip 33702

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABEL, PAULA
121-129TH TERRACE
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name ABEL, PAULA
Street Address (P.O. Box number is Not Acceptable)
8296 15TH Way North
ST. PETERSBURG
City FL Zip Code 33702

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

GEORGE ABEL

PAULA ABEL 4/16/01

Signature, typed or printed name of registered agent and date 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	D	<input type="checkbox"/> Delete
NAME	ABEL, PAULA	
STREET ADDRESS	8296-15TH WAY, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, GEORGE	
STREET ADDRESS	8296-15TH WAY, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

GEORGE ABEL

4/16/01 727 577 8903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)