

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089059

1. Entity Name
COURTINE'S INC.

Principal Place of Business

514 N DIXIE HIGHWAY
STUART FL 34994
US

Mailing Address

514 N DIXIE HIGHWAY
STUART FL 34994
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0707091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COURTINE, MICHEL ANTOINE
514 N DIXIE HIGHWAY
STUART FL 34994

7. Name and Address of New Registered Agent

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

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 12, 2001 Fee 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

TITLE D
NAME COURTINE, MICHEL ANTOINE
STREET ADDRESS 2502 SE SNAPPER ST
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ Delete

TITLE D
NAME COURTINE, LAURA ACKERMAN
STREET ADDRESS 2502 SE SNAPPER ST
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA A. COURTINE

8/18/01 (561) 692-3662



DO NOT WRITE IN THIS SPACE

0104604 AV

CR2E034 (5/01)

Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, Florida 32302

Attachment
Doc # 1-96000089059
B0003098

To whom it may concern;

After speaking with my accountant and checking my records, I feel like I did not receive the paperwork to file my business report back in January.

After speaking to your representative she instructed me to file my new form at the same rate without the penalty.

I do apologize for the delay. I realize the importance of filing on time
But I do honestly feel I didn't receive this information.

Thank you,

Laura A. Courtine
LAURA A COURTINE