

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P96000092147 ✓
Primrose Path Miniatures, Inc.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90037 016 ***158.75

Principal Place of Business

Mailing Address

3477 B SW Palm City School Ave.
Palm City, FL 34990

2. Principal Place of Business

3477 B SW Palm City Sch
Avenue

3. Mailing Address

4209 SW Baird St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Port St. Lucie, Florida

Zip

34990

Country

USA

Zip

34953

Country

USA

4. FEI Number

65-0706474

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ann Setaro
4209 SW Baird St.
Port St Lucie, FL 34953

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

Ann Setaro Ann Setaro

4/14/2000

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

TITLE President
NAME Ann Setaro
STREET ADDRESS 4209 SW Baird St.
CITY-ST-ZIP Port St. Lucie, FL 34953

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: *Ann Setaro* Ann Setaro President 4/14/2000 561-219-9893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)