

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000019259**

1. Entity Name

VICTORIA'S TIMELY TREASURES, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90026 008 ***150.00

Principal Place of Business

Mailing Address

**835 PARK AVE
ORANGE PARK FL 32073**

**835 PARK AVE
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

1484 Park Ave

1484 Park Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orange Park, FL

Orange Pk, FL

32073

Country

32073

Country

4. FEI Number **59-3427529**

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

**CAGLE, PATRICIA J
835 PARK AVE
ORANGE PARK FL 32073**

Name **Cagle, Patricia J.**

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

1484 Park Ave

City **Orange Pk**

FL

Zip Code **32073**

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

Patricia J. Cagle

4-30-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CAGLE, PATRICIA J	
STREET ADDRESS	835 PARK AVENUE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Cagle Patricia J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1484 Park Ave	
STREET ADDRESS	Orange Pk, FL	
CITY-ST-ZIP	32073	
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
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:

Patricia J. Cagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-30-01 904-264-2012

CR2E034 (10/00)