

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036653

1. Entity Name

CHUCKLES FAVORITE THINGS, INC. *R*

FILED

Jul 17, 2000 8:00 am  
Secretary of State

07-17-2000 90080 015 \*\*\*150.00

Principal Place of Business

2201 SE INDIAN ST  
UNIT 125 BLD H  
STUART FL 34997  
US

Mailing Address

4105 JONQUIL CIRCLE SOUTH  
PALM BEACH GARDENS FL 33410

00071024

2. Principal Place of Business

2201 SE INDIAN ST.  
Suite, Apt. #, etc.  
Unit 125 Bld H

3. Mailing Address

4105 Jonquil Cir S  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART FL.

City & State

Palm Beach Gardens FL

4. FEI Number

65-0809527

Applied For

Not Applicable

Zip

Country

34997

U.S.

Zip

Country

33410

U.S.

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

CZAJKOWSKI, JEROME  
4105 JONQUIL CIRCLE SOUTH  
PALM BEACH GARDENS FL 33410

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 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	P	<input type="checkbox"/> Delete
NAME	CZAJKOWSKI, JEROME P	
STREET ADDRESS	4105 JONQUIL CIRCLE SOUTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-00

Date

561-627-4919

Daytime Phone #

CR2E034 (5/00)