

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081755

1. Entity Name

ONE OF A FIND, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90090 050 ***150.00

Principal Place of Business

198 TOLLGATE BLVD
 ISLAMORADA FL 33036
 US

Mailing Address

198 TOLLGATE BLVD
 ISLAMORADA FL 33036
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0740700

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAMPLER, SHARON F
 198 TOLLGATE BLVD
 ISLAMORADA FL 33036

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 ☐ Delete
 NAME D
 STREET ADDRESS WAMPLER, SHARON F
 CITY-ST-ZIP 198 TOLLGATE BLVD
 ISLAMORADA FL 33036

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-31-00

CR2E034 (5/00)

Attachment doc #
PG7000081755
AU075401

August 31, 2000

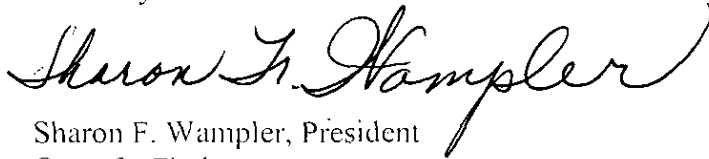
One of a Find
198 Toll Gate Blvd.
Islamorada, FL 33036

To Whom It May Concern:

Due to unforeseen circumstances concerning One of a Find, I thought that I would have to cease doing business. However, after much thought, I find myself ready to try again....I did not send in my \$150.00 on timeAt this time I would like to send in the \$150.00 . I can not afford to send the \$500.00 due to not doing any business. I would appreciate you allowing me to pay the \$150.00.

Thank you for your consideration.

Sincerely



Sharon F. Wampler, President
One of a Find