

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084997

1. Entity Name

FESTIVE MOMENTS, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90017 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1117 S FLORIDA AVENUE  
TARPON SPRINGS FL 34689

1117 S FLORIDA AVENUE  
TARPON SPRINGS FL 34688-1088

2. Principal Place of Business

36750 US 19 NORTH

3. Mailing Address

SAME

Suite, Apt. #, etc.

# 3131

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

Zip

Country

34684

US

Zip

Country

4. FEI Number

65-0786342

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

WREATH, DEBBIE  
1117 S FLORIDA AVENUE  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name DEBBIE WREATH

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

36750 US 19 NORTH #3131

PALM HARBOR

City

FL

FL

Zip Code

34684

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 Debbie C Wreath

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

(NOTE: Registered Agent signature required when reinstating)

Debbie C Wreath

DATE

3/6/00

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 P ☐ Delete  
NAME WREATH, DEBBIE  
STREET ADDRESS 1117 S FLORIDA AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE V ☐ Delete  
NAME WREATH, C. FRANK  
STREET ADDRESS 1117 SOUTH FLORIDA AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 36750 US 19 NORTH  
CITY-ST-ZIP PALM HARBOR, FL 34684

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

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

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

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

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:

Debbie C Wreath  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie C Wreath 3/6/00

Date

Daytime Phone #