

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089275

1. Entity Name

TICKETS & LABELS INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90312 043 ***150.00

Principal Place of Business

Mailing Address

~~500 EGRET CIRCLE SUITE 8510~~
~~DELRAY BEACH FL 33444~~

500 EGRET CIRCLE SUITE 8510
DELRAY BEACH FL 33444-7920

2. Principal Place of Business

28000 Spanish Wells
Blvd.

3. Mailing Address

P.O. Box 219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country
Lee

Zip
34133

Country

4. FEI Number

98-0186844

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

Name

JAMES W. AMBURN

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

28000 SPANISH WELLS BLVD

City

BONITA SPRINGS

FL

Zip Code

34135

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP

D.
FRONHOFER, HERMANN
~~500 EGRET CIRCLE SUITE 8510~~
~~DELRAY BEACH FL 33444~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135

☒ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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:

Hermann Fronhofer April 20, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HERMANN FRONHOFER

CR2E034 (9/99)