

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103572

1. Entity Name

COSMETIC ADVANTAGE, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90016 020 ***150.00

Principal Place of Business

1295 WEST BAY DRIVE
LARGO FL 33770

Mailing Address

~~10791 TEMPLE TERRACE~~
SEMINOLE FL 33772
US

C0023531



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8641 PLAYERS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE
SEMINOLE FL.

4. FEI Number 59-3497145

Applied For
Not Applicable

Zip

Country

Zip

Country

33777

Pineellas

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

TICKETIN
BERTSCHY, SHERRY
1295 WEST BAY DRIVE
LARGO FL 33770

Name SHERRY TICKETIN

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

8641 PLAYERS CT

City LARGO

FL

Zip Code 33777

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 X Sherry Ticketin Pres.

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS TICKETIN
BERTSCHY, SHERRY
10791 TEMPLE TERRACE
SEMINOLE FL 33772 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TICKETIN SHERRY
8641 PLAYERS CT.
SEMINOLE FL. 33777 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: X Sherry Ticketin Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)