

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001860

1. Entity Name

FIRST TIME, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90126 009 \*\*\*150.00

Principal Place of Business

Mailing Address

7579 OAKMONT DRIVE  
LAKE WORTH FL 33467

7579 OAKMONT DRIVE  
LAKE WORTH FL 33467-1233

2. Principal Place of Business

3. Mailing Address

760 S. Congress Ave  
Suite, Apt. #, etc.

760 S. Congress Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
W. Palm Bch, FL

City & State  
W. Palm Bch, FL

4. FEI Number 65-0802627

Applied For  
Not Applicable

Zip  
33406

Country  
Palm Bch

Zip  
33406

Country  
Palm Bch

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

COMBS, ANTHONY  
1438-A SKEES ROAD  
W. PLAM BEACH FL 33411

Name Combs, Anthony  
Street Address (P.O. Box Number is Not Acceptable)  
760 S. Congress Ave.

City W. Palm Bch FL Zip Code 33406

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 *Anthony Combs*  
Signature, typed or printed name of registered agent and title if applicable.

Anthony Combs  
(NOTE: Registered agent signature required when reinstating)

4-15-2000  
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 \$160.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHULER, BERNICE C 7579 OAKMONT DR. LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, PAMELA 7579 OAKMONT DR. LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREESON, BOB 7579 OAKMONT DR. LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Teresa Greeson 7579 Oakmont Drive Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pamela Combs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000 (561) 712-9011  
Date Daytime Phone #

CR2E034 (9/99)