2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P98000005241

1. Entity Name IT'S CHRISTMAS TIME, INC.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90052 043 ***150.00

						A SOUTH TOO						
Principal Place of Business 4444 5TH ST. W. BRADENTON FL 34207 2. Principal Place of Business			Mailing Address 4444 5TH ST. W. BRADENTON FL 34207 3. Mailing Address									
							1	T 1001/1001 (ID 1010) INIIN NAKIY NDIKI NAKIY BAKKI BAKKI BAKKI BIKAN KAKI NIKAN KAN HABI				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	4. FEITIGITISE ES-1816288			applied For lot Applicable	
Zip	Zip Country				ry	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Curren			Registered Agent				7: Name and Address of New Registered Agent					-
		······································				Name		1				
CAPEMAN, CRAIG			Street Address			s (P.O. B	(P.O. Box Number is Not Acceptable)					
5410 14TH	ST: W.	•					·					
BRADENTO	ON FL 342	07									·	1
						City	<u> </u>		FI	Zip Co	de	1
							tarad oa	ont or both in the State of Flori		- ·	and accept	1
8. The above	named entitions of regist	y submits this statement for tered agent	the purp	ose of changing its	registere	ea office or regis	tered age	ent, or both, in the State of Flori	ua. ran	TOTAL PART	, and accept	
the obligati	13	terod agorii.										
SIGNATURE .	Signature typed	or printed name of registered agent a	nd title if ap	olicable. (NOT	E: Registere	d Agent signature requ	ired when re	einstating)	DATE			
				1		<u> </u>				-		1
After	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State					 Election Campaign Fina Trust Fund Contribution. 			00 May Be ed to Fees	
10.		OFFICERS AND		DRS	11.		AD	DITIONS/CHANGES TO OFFIC	CERS AN	ID DIRECTO	RS IN 11	ءِ [
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CITY-ST-ZIP		to a fall manufacture and the state of the	10	a dose not qualify f		1	Section	119.07(3)(j), Florida Statutes. I	further o	ertify that th	e information	1
indicated of the co changed	certify that to don this reportion or poration or d, or on an at	he information supplied will ort or supplemental report is the receiver or trustee emp tachment with an address	s true and owered to with all o	d accurate and that o execute this repor ther like empowered	my signa t as requ	ature shall have t ired by Chapter	the same 607, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under c ida Statutes; and that my name	ath; that appear	1 am an offic s in Block 10	er or director or Block 11 if	