

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044824

1. Entity Name

WRINKLES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90166 016 ***150.00

Principal Place of Business

Mailing Address

RTE 6, BOX 357 L
QUINCY FL 32351

RTE 6, BOX 357 L
QUINCY FL 32351-9212

2. Principal Place of Business

320 CHAF CHASON LN

3. Mailing Address

P.O. Box 264

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
QUINCY FLORIDA

City & State
HAVANA, FL.

4. FEI Number 65-0859848

Applied For
Not Applicable

Zip Country
32351 GADSDEN

Zip Country
32333 GADSDEN

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

~~BUTLER, ROSSOI JR~~
~~RTE 6, BOX 357 L~~
~~QUINCY FL 32351~~

BUTLER, RUSSELL JR
320 CHAF CHASON LN.
QUINCY, FL. 32351

Name
RUSSELL BUTLER JR
Street Address (P.O. Box Number is Not Acceptable)
320 CHAF CHASON LN.
City QUINCY FL Zip Code 32351

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 *Russell Butler Jr*

1/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BUTLER, RUSSELL JR.
STREET ADDRESS ~~RTE 6, BOX 357 L~~
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS 320 CHAF CHASON LN.
CITY-ST-ZIP QUINCY, FL. 32351 ☐ 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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CITY-ST-ZIP ☐ Delete

TITLE
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:

Russell Butler Jr

RUSSELL BUTLER JR

1/10/00 850-627-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)