

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P98000061233

1. Entity Name

SUNFLOWER BABY BOUTIQUE, INC.

P

Principal Place of Business

2441 N.W. 43RD STREET SUITE 22
GAINESVILLE FL 32606

Mailing Address

2441 N.W. 43RD STREET SUITE 22
GAINESVILLE FL 32606

FILED

00 SEP 19 AM 9:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3521611

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THEOHARIS, STACY M
2441 N.W. 43RD STREET SUITE 22
GAINESVILLE FL 32606

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
THEOHARIS, STACY M
2441 N.W. 43RD STREET SUITE 22
GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
18000003409148--
-09/29/00--01019--013

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☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/01

Date

352 377-3766

Daytime Phone #



DOC# P98000061233

19156

2 of 2

Florida Department of State
Division of Corporations

This letter is in regards to the 2000 Uniform Business Report that was due last month. I have been having problems receiving all my mail the past few six months. My suite number 22 and others in our development are constantly complaining to the landlord. I paid last years \$150.00 and would rather pay \$150.00 this year.

I called your office and the employee said to type this letter explaining that I never received the report. Enclosed is the \$150.00. Thank you for understanding my situation.

Sincerely,

A handwritten signature in cursive script that reads "Stacy Theoharis".

Stacy Theoharis
Owner

2441 NW 43rd St.
Suite 22
Gainesville, FL 32606

352.377.3766
352.377.0000 FAX