

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90312 043 ***150.00

DOCUMENT # **P 980000 65693** ✓
 Entity Name

JEWELRY TREASURE CHEST, INC

Principal Place of Business
RIDGE ROAD
RICHEY FL 34668

Residing Address
6400 RIDGE ROAD
PORT RICHEY FL 34668-6748

60030041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 State, Apt. #, etc.

3. Residing Address
 State, Apt. #, etc.

4. City & State
 City & State

5. City & State
 City & State

6. Filing Fee
59-3539748
 Applied For
 Not Applicable

7. Zip
 Country

8. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PIERRE, RIGO
6400 RIDGE RD
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent
 Name
 Address
 City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its name and elects to do so.

SIGNATURE
 Signature, typed or printed name of registered agent and state of office

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

TITLE	P	☐ Delete
NAME	RIGO, PIERRE	
STREET ADDRESS	6400 RIDGE RD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

13. I hereby certify that the information supplied with this form does not qualify for the exemption from filing this report under the provisions of the Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature is made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report on my behalf; that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other lien, or otherwise.

SIGNATURE: **X** *[Signature]*

CR2E034 (9-99)