

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068734

1. Entity Name

SPARKLING ROSE COLLECTIBLES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90087 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1261 GULF BLVD 108  
CLR WATER FL 33767

1261 GULF BLVD 108  
CLR WATER FL 33767-2743

ABUJUBOO



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

59-3530046

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

RISTER, MARK  
722 PRUITT DRIVE  
MADEIRA BEACH FL 33708

Name RISTER, MARK

Street Address (P.O. Box Number is Not Acceptable)  
2602 Bay Blvd. #A

City INDIAN ROCKS BEACH

FL

Zip Code 33785

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 \$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 ☐ Delete  
NAME D  
STREET ADDRESS RISTER, MARK  
CITY-ST-ZIP 722 PRUITT DRIVE  
MADEIRA BEACH FL 33708

TITLE ☒ Change ☐ Addition  
NAME RISTER, MARK  
STREET ADDRESS 2602 Bay Blvd. #A  
CITY-ST-ZIP INDIAN ROCKS BEACH, FL. 33785

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CIMINI, JANEENE M  
CITY-ST-ZIP 1401 MARION DRIVE  
GLENDALE CA 91205

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CIMINI, EDWARD D JR.  
CITY-ST-ZIP 1401 MARION DRIVE  
GLENDALE CA 91205

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Janeene M. Cimini  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00 (727) 517-9523  
Date Daytime Phone #

CT 1014 1999