

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90012 040 ***150.00

DOCUMENT # P98000068734

1. Entity Name

SPARKLING ROSE COLLECTIBLES, INC.

Principal Place of Business

**1261 GULF BLVD 108
 CLR WATER FL 33767**

Mailing Address

**1261 GULF BLVD 108
 CLR WATER FL 33767**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3530046

Applied For

Not Applicable

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

2602 BAY BLVD. A

INDIAN ROCKS BEACH FL 33785

Name

Mark Rister (same new address)

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

2602 2207 Bay Blvd. #104

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, 2002 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** ☐ Delete
 NAME **RISTER, MARK**
 STREET ADDRESS **2602 BAY BLVD. A**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Change ☐ Addition
 NAME **Mark Rister**
 STREET ADDRESS **2207 Bay Blvd. #104**
 CITY-ST-ZIP **Indian Rocks Beach, FL. 33785**

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

TITLE ☐ Change ☐ Addition
 NAME **Janeene Cimini**
 STREET ADDRESS **101 S. Old Coachman Rd. #924**
 CITY-ST-ZIP **Clearwater, FL. 33765**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 (727) 517-9523

CR2E034 (9/01)