

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91623 045 \*\*\*150.00

**DOCUMENT # P98000073086**

1. Entity Name

**THE MEMORY MAVENS, INC.**

Principal Place of Business

**8912 EAGLE WATCH DRIVE  
RIVERVIEW FL 33569  
US**

Mailing Address

**8912 EAGLE WATCH DRIVE  
RIVERVIEW FL 33569  
US**

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

**59-3533211**

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

**WILEY, WILLIAM B**

**215 SOUTH MONROE ST, SUITE 600  
TALLAHASSEE FL 32301**

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HOEFLE, REGAN  
8912 EAGLE WATCH DRIVE  
RIVERVIEW FL 33569** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 a address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

P98000073086  
435906

May 8, 2002

RE: late filing Memory Mavens


To Whom It May Concern:

I am writing to request waiving of our late fee. We have experienced a death in our family that has left my husband and two children distraught. I am the owner of a small chain of retail scrapbook stores. I am the President, buyer, accountant, etc. and I'm overwhelmed most of the time. I know fatigue is not an excuse, but I would deeply appreciate some humanity at this point. I feel a \$250.00 late fee is a fairly steep penalty to pay. I would have filed on time, but mistakenly placed the form in the May file which I'm just now addressing and consequently am already late.

If you could waive the fee or a portion of the fee, it would be greatly appreciated. Please respond to me by phone at 813.980.3580 or by e-mail at [info@memorymavens.com](mailto:info@memorymavens.com).

Thank you for considering my request.

Sincerely,

  
Regan Hoefle  
President, Memory Mavens

Enclosures