

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90047 007 ***150.00

C0003594



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000075329			
1. Entity Name FROM TIME TO TIME, INCORPORATED			
Principal Place of Business 911 PARK AVE LAKE PARK FL 33403 US		Mailing Address 11317 EAST TEACH ROAD PALM BEACH GARDENS FL 33410-3437	
2. Principal Place of Business c/o 11317 EAST TEACH ROAD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH GARDENS		City & State	
Zip FL	Country 33410-3437	Zip	Country
6. Name and Address of Current Registered Agent SMITH-ADAM, LOUISA 2001 BOMAR RD #4 NO. PALM BEACH FL 33410		4. FEI Number 65-0871946	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
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 _____ (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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SMITH-ADAM, LOUISA 11317 EAST TEACH ROAD PALM BEACH GARDENS FL 33410-3437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jim Smith-Louis</i>		Date: 1/8/01 Daytime Phone #: 561.691.0306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)