

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90026 027 \*\*\*150.00

0412196

**DOCUMENT # P98000075596**

1. Entity Name  
**JOLIE'S OF SARASOTA, INC.**

Principal Place of Business <b>326 JOHN RINGLING BLVD.          SARASOTA FL 34236</b>	Mailing Address <b>326 JOHN RINGLING BLVD.          SARASOTA FL 34236</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number <b>65-0875896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ROBERTSON, DARRELL  
 326 JOHN RINGLING BLVD.  
 SARASOTA FL 34236**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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)

**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.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>ROBERTSON, DARRELL</b>	
STREET ADDRESS	<b>326 JOHN RINGLING BLVD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>ROBERTSON, VALERIE</b>	
STREET ADDRESS	<b>326 JOHN RINGLING BLVD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>CRISP, CASONDRA V</b>	
STREET ADDRESS	<b>326 JOHN RINGLING BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>WECTMAN, SHIRLEY</b>	
STREET ADDRESS	<b>33 GULFSTREAM AVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Valerie*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-30-01** Daytime Phone #: **941-388-3040**

CR2E034 (10/00)