

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90565 024 ***150.00

DOCUMENT # P98000075596

1. Entity Name

JOLIE'S OF SARASOTA, INC.

Principal Place of Business

**326 JOHN RINGLING BLVD.
 SARASOTA FL 34236**

Mailing Address

**326 JOHN RINGLING BLVD.
 SARASOTA FL 34236**

80095376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17 N Blvd of Pres
 Suite, Apt. #, etc.

3. Mailing Address

17 N Blvd of Pres
 Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0875896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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: **Darrell Robertson**
 Street Address (P.O. Box Number is Not Acceptable)
17 N Blvd of Pres
 City: **SARASOTA** FL Zip Code: **34236**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-02

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17 N BLVD of Pres.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17 N. BLVD of Pres.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASONDRA Gnam	
STREET ADDRESS	17 N BLVD of Pres.	
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		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 **941**
388 3040

CR2E034 (9/01)