

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083063

1. Entity Name

FUREVER FRIENDS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90284 019 ***158.75

Principal Place of Business

4184 GULF BREEZE PKWY
GULF BREEZE FL 32561

Mailing Address

4184 GULF BREEZE PKWY
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3539672

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

KELLEY, BARBARA J
 4174 MADURA FOUR
 GULF BREEZE FL 32561

Name

Street Address (P.O. Box Number's Not Acceptable)

City

State

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 re-registering)

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 \$189.00
After MAY 1, 2001 Fee will be \$353.00
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 (N 11)

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	☐ Delete				☐ Change ☐ Addition		
	☐ Delete				☐ Change ☐ Addition		
	☐ Delete				☐ Change ☐ Addition		
	☐ Delete				☐ Change ☐ Addition		
	☐ Delete				☐ Change ☐ Addition		
	☐ Delete				☐ Change ☐ Addition		

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:

BARBARA J. KELLEY

04/23/01

850-934-7234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)