

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094841

1. Entity Name

CRAZY GIRLS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90020 010 ***150.00

Principal Place of Business

2360 INTERNATIONAL SPEEDWAY BLVD.
DELAND FL 32724

Mailing Address

1200 FLORANCE COURT
HOLLY HILL FL 32724-2744

2. Principal Place of Business

2360 INTERNATIONAL SPEEDWAY BLVD

Suite, Apt. #, etc.

3. Mailing Address

2360 INTERNATIONAL BLVD.

Suite, Apt. #, etc.

City & State

DELAND, FLA

City & State

DELAND, FLA

Zip

32724

Country

USA

Zip

32724

Country

USA

4. FEI Number

59-3541737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GATENA, SHARON
1200 FLORANCE COURT
HOLLY HILL FL 32117

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

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, 2000 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 PST
NAME GATENA, SHARON
STREET ADDRESS 1200 FLORANCE COURT 2360 INTERNATIONAL SPEEDWAY
CITY-ST-ZIP HOLLY HILL FL 32117 DELAND, FLA 32724 BLVD.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #