

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90169 029 ***150.00

DOCUMENT # P98000100819

1. Entity Name
PLACIDA JEWELERS, INC.

Principal Place of Business 13130 PLACIDA PT CT PLACIDA FL 33946	Mailing Address 13130 PLACIDA PT CT PLACIDA FL 33946-2100
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2. Principal Place of Business 4195 S. TAMiami TR. Suite, Apt. #, etc. #107 City & State Venice FL Zip 34293-5112 Country USA	3. Mailing Address 4195 S. TAMiami TR. Suite, Apt. #, etc. #107 City & State Venice, FL Zip 34293-5112 Country USA
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FEI# **65-088-6395** DO NOT WRITE IN THIS SPACE
 4. FEI Number **APPLIED FOR** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HITZIG, HERB
13130 PLACIDA PT CT
PLACIDA FL 33946

7. Name and Address of New Registered Agent
 Name **Herb Hitzig**
 Street Address (P.O. Box Number is Not Acceptable)
5832 DIANA RD
 City **Venice** FL Zip Code **34293**

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 **Herb Hitzig Pres** **Herbert Hitzig** DATE **1/10/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D HITZIG, HERB PO BOX 335 PLACIDA FL 33946 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITZIG, MARY PO BOX 335 PLACIDA FL 33946 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herb Hitzig Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5832 Diana Rd Venice, Fl. 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Hitzig 5832 Diana Rd Venice Fl. 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Herb Hitzig** **REQUIRED** DATE **1/10/00** 941-4922266
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)