

# 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

Mailing Address

13130 PLACIDA PT CT  
 PLACIDA FL 33946

13130 PLACIDA PT CT  
 PLACIDA FL 33946-2100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
 #107

Suite, Apt. #, etc.  
 #107

City & State  
 Venice FL

City & State  
 Venice, FL

Zip  
 34293-5112

Country  
 USA

Zip  
 34293-5112

Country  
 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HITZIG, HERB  
 13130 PLACIDA PT CT  
 PLACIDA FL 33946

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*

1/10/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:

*Herb Hitzig* REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

1/10/00 941-492226

CR2E034 (9/99)