

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000003728

1. Entity Name

TIDBITS, INC,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 S.E. 10th STREET

3. Mailing Address

P.O. BOX 21541

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0895574

Applied For

Not Applicable

Zip

33316

Country

U.S.

Zip

33335-1541

Country

U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREW L. HUNTINGTON, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

9999 NORTHEAST 2nd AVENUE

SUITE 214

City

MIMAI SHORES

FL

Zip Code

33138

**DO NOT WRITE
IN THIS SPACE**

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

Andrew L. Huntington

ANDREW L. HUNTINGTON, C.P.A.

04/13/02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
CHERYL ANN BURR
1620 SOUTHEAST 10th STREET
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900007078299-1
-08/13/02--01055-014
****300.00 ****300.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl A Burr

CHERYL A. BURR

7/31/02

954-646-8959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ps 8/5/02

8/2/02

To Whom It May Concern:

This letter is in response to your letter stating that you did not receive the two \$150 checks that were sent to you in May, and previously in April.

Thus, I am sending a check for the full \$300 and putting a stop payment on the other two.

Thank you for your time and attention.

Sincerely,
Cheryl Burr, Pres.