

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91616 020 \*\*\*150.00

**DOCUMENT # P99000006063**

1. Entity Name

**BUILDING BLOCKS JEWELRY HOUSE, INC.**

Principal Place of Business

Mailing Address

~~5008 S. SUNSET BLVD.~~  
~~TAMPA FL 33629~~

~~5008 S. SUNSET BLVD.~~  
~~TAMPA FL 33629~~

**80121631**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3908 SANTIAGO ST**

**3908 SANTIAGO ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TAMPA, FL**

**TAMPA, FL**

City & State

City & State

**33629**

**33629**

Zip

Country

**USA**

Zip

Country

**USA**

4. FEI Number

**59-3568968**

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

**CASTO, MARY B**

**5008 S. SUNSET BLVD. ABOVE**  
**TAMPA FL 33629**

Name

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

**3908 SANTIAGO ST**

**TAMPA, FL**

City

**FL**

Zip Code

**33629**

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]*

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, 2002 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  
**PD**  
**CASTO, MARY BETH**  
**5008 S SUNSET BLVD**  
**TAMPA FL 33629** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**CASTO, MARY BETH**  
**3908 SANTIAGO ST**  
**TAMPA, FL 33629** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)