

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009236

1. Entity Name

SIMPLE PLEASURES ANTIQUES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90853 013 ***150.00

Principal Place of Business

Mailing Address

1031 NEW YORK AVENUE
ST. CLOUD FL 34769

1031 NEW YORK AVENUE
ST. CLOUD FL 34769-3781

2. Principal Place of Business

1037 New York Ave.

Suite, Apt. #, etc.

3. Mailing Address

1037 New York Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

59-3554070

Applied For

Not Applicable

Zip

34769

Country

USA

Zip

34769

Country

USA

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

LISS, KRISTINA L
1031 NEW YORK AVENUE
ST. CLOUD FL 34769

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LISS, KRISTINA L
STREET ADDRESS 1031 NEW YORK AVENUE
CITY-ST-ZIP ST. CLOUD FL 34769 ☐ Delete

TITLE D
NAME Kristina Liss
STREET ADDRESS 1037 New York Ave.
CITY-ST-ZIP St. Cloud, FL 34769 ☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Kristina Liss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

407-957-9569

Daytime Phone #

CR 1E034 (9/99)