

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040684

1. Entity Name
JEWELRY BOX, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90069 010 ***150.00

Principal Place of Business

5700 OKEECHOBEE BLVD
BOOTH 106
WEST PALM BEACH FL 33417
US

Mailing Address

% AMY NACCARATO
1175 NORTHWEST 116TH AVENUE
CORAL SPRINGS FL 33071

950341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0926516

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANDERS, BARBARA
11822 W SAMPLE RD
CORAL SPRINGS FL 33065

Name SANDERS, BARBARA

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

113 WELLINGTON B

City WEST PALM BEACH

FL

Zip Code 33417

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 Barbara Sanders BARBARA SANDERS PD 4/10/01

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, 2001 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 PD
NAME SANDERS, BARBARA
STREET ADDRESS 11822 W SAMPLE RD
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE PD
NAME SANDERS BARBARA ☒ Change ☐ Addition
STREET ADDRESS 113 WELLINGTON B B
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE STD
NAME NACCARATO, AMY
STREET ADDRESS 1175 NORTHWEST 116TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Barbara Sanders BARBARA SANDERS PD 4/10/01 (561) 686 8087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)