

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043385

1. Entity Name

HITCHED ON NOVELTYS, INC

*[Signature]*

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90011 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1415 FLORAL LANE

Suite, Apt. #, etc.

3. Mailing Address

1415 FLORAL LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

4. FEI Number

59-3581481

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32953

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

Name

WILLIAM A FIELDS

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

1415 FLORAL LANE

City

MERRITT ISLAND

FL

Zip Code

32953

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 WILL BE

FILED

10. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☒ Addition

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:

*[Signature]*

DEBRA L. FIELDS

4/28/00

(321) 453-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2F034 (9/99)