

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90337 001 ***150.00

DOCUMENT # P99000045958

1. Entity Name
SMALL TREASURES, INC.

Principal Place of Business
14181 BEACH BOULEVARD
SUITE 4
JACKSONVILLE FL 32250

Mailing Address
14181 BEACH BOULEVARD
SUITE 4
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3578105**

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

~~TOOVEY, ALICE~~
~~12855 DAYBREAK COURT~~
~~JACKSONVILLE FL 32248~~

Name **BEVERLY E. PARKER**
 Street Address (P.O. Box Number is Not Acceptable)
3372 Lighthouse Pt. Ln.
 City **JACKSONVILLE** FL Zip Code **32250**

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 *Alice Toovey* *Beverly E. Parker* **BEVERLY E. PARKER, PRES. (PTD)**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **1-12-02**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	TOOVEY, ALICE J	
STREET ADDRESS	14181 BEACH BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	PARKER, BEVERLY E	
STREET ADDRESS	14181 BEACH BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BEVERLY E	
STREET ADDRESS	14181 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, JAMES	
STREET ADDRESS	14181 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL, 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)