

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049404

1. Entity Name

CHRISTY'S JEWELRY, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90068 042 ***150.00

Principal Place of Business

11019 PINE LILLY PLACE
BRADENTON FL 34202

Mailing Address

11019 PINE LILLY PLACE
BRADENTON FL 34202-1836

2. Principal Place of Business

8342 Market St.

Suite, Apt. #, etc.

3. Mailing Address

8342 Market St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0936059

Applied For

Not Applicable

Zip

34202

Country

Zip

34202

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

SIMON, DAVID S
523 S. WASHINGTON BLVD.
SARASOTA FL 34236

Name

David S. Simon

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

1800 Second Street

Suite 700

City

Sarasota

FL

Zip Code

34236

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 NAME STREET ADDRESS CITY-ST-ZIP	D SIMUNOVIC, CHRISTY P 11019 PINE LILLY PLACE BRADENTON FL 34202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Nino Simunovic 11019 Pine Lilly Pl. Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Christy P Simunovic 11019 Pine Lilly Pl. Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/99)