

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065059

1. Entity Name

THE SCRAPBOOK HEADQUARTERS, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90195 024 \*\*\*150.00

Principal Place of Business Mailing Address  
13405 BRISTLECONE CIR 13405 BRISTLECONE CIR  
ORLANDO FL 32828 ORLANDO FL 32828-8462

2. Principal Place of Business 3. Mailing Address  
493 N. Alafaya Trail 493 N. Alafaya Tr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Orlando FL Orlando FL  
Zip Country Zip Country  
32828 Orange 32828 Orange



DO NOT WRITE IN THIS SPACE

4. Filing Number 5. Certificate of Status Desired  
59-3000585 Applied For  
Applicable  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POOLE, WILLIAM F IV  
200 E. ROBINSON ST  
SUITE 1180  
ORLANDO FL 32801

Name Timothy A. Dettmering  
Street Address (P.O. Box Number is Not Acceptable)  
13405 Bristlecone Circle  
Orlando  
City Orlando FL Zip Code 32828

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

Timothy A. Dettmering, Vice-President  
(NOTE: Registered Agent signature required when reinstating)

4-27-00  
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 DETTMERING, MELISSA D 13405 BRISTLECONE CIR ORLANDO FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETTMERING, TIMOTHY 13405 BRISTLECONE CIR ORLANDO FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition
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: Melissa D. Dettmering, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 407-281-1633

CR2E034 (9/99)

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