

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070877

1. Entity Name

SCRAPBOOK MARKET, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90011 004 ***150.00

Principal Place of Business

Mailing Address

3739 BOBBIN BROOK WEST
TALLAHASSEE FL 32312

3739 BOBBIN BROOK WEST
TALLAHASSEE FL 32312-1243

2. Principal Place of Business

1355 Market St.

3. Mailing Address

1355 Market St.

Suite, Apt. #, etc.

Suite A-3

Suite, Apt. #, etc.

Suite A-3

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32312

Country

U.S.

Zip

32312

Country

U.S.

4. FEI Number

59-3591513

Applied For

Not Applicable

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

GLAZER, COURTNEY K
3739 BOBBIN BROOK WEST
TALLAHASSEE FL 32312

Name

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

City

FL

Zip Code

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

Courtney K Glazer
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12/00

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
PSTD
GLAZER, COURTNEY K
3739 BOBBIN BROOK WEST
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Brannon, Karen S.
7809 McClure Dr.
Tallahassee, FL 32312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

Karen S Brannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/00

894-5522

Karen S Brannon

Daytime Phone #

CR2E034 (9/99)