

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085251

1. Entity Name

FIREFLYS-GLOWSHOES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 010 ***150.00

00610690

Principal Place of Business

314 EAST ANDERSON
ORLANDO FL 32801

Mailing Address

314 EAST ANDERSON
ORLANDO FL 32801

2. Principal Place of Business

238 BAYWEST NEIGHBORS C
Suite, Apt. #, etc.

3. Mailing Address

238 BAYWEST NEIGHBORS C
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3599045

Applied For

Not Applicable

Zip

32835

Country

Zip

32835

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELIERI, ROBERT S
133 HIBISCUS COURT
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Dominic Horgeshimer

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

238 Baywest Neighbors Circle

City

ORLANDO

FL

Zip Code

32835

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, 2001 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

TITLE ☐ Delete
NAME P
STREET ADDRESS ANGELIERI, ROBERT
CITY-ST-ZIP 314 EAST ANDERSON
ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS DOMINIC HORGESHIMER
CITY-ST-ZIP 238 BAYWEST NEIGHBORS CIRCLE
ORLANDO, FL 32835

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS BRANDON HORGESHIMER
CITY-ST-ZIP 8057 WELLS MARE CIRCLE
ORLANDO, FL 32835

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

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

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

TITLE ☐ Change ☐ 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 (10/00)