

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088623

1. Entity Name

TIMELESS DESIGNS OF SARASOTA, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90005 027 ***150.00

Principal Place of Business

Mailing Address

5911 OLIVE AVENUE
 SARASOTA FL 34231

5911 OLIVE AVENUE
 SARASOTA FL 34231-7245

2. Principal Place of Business

2208 Gulf Gate Dr
 Suite, Apt. #, etc.

3. Mailing Address

703 60th St Ct E #G
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

BRAEDENTON FL

4. FEI Number

65 0953694

Applied For

Not Applicable

Zip

Country

Zip

Country

34234

SARASOTA

34208

MANATEE

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

RODGERS, JOHN P
 5911 OLIVE AVENUE
 SARASOTA FL 34231

Name Nicci Craton

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

703 60th St Ct E #G

City BRAEDENTON

FL

Zip Code 34208

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

Nicci Craton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	D	<input type="checkbox"/> Delete
NAME	SCHWAAB, CATHERINE	
STREET ADDRESS	POST OFFICE BOX 213	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, JOHN P	
STREET ADDRESS	5911 OLIVE AVENUE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Catherine Schwaab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (941) 923-9733

Date

Daytime Phone #

CR2E034 (9/99)