

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000099637

1. Entity Name

SURPRISE PRODUCTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

03-10-2000 90013 030 ***150.00

Principal Place of Business

Mailing Address

1706 EAST SEMORAN BOULEVARD
 SUITE 130
 APOPKA FL 32703

1706 EAST SEMORAN BOULEVARD
 SUITE 130
 APOPKA FL 32703-5638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3608997

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

SPiegel & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name SHELBY SIMMONS

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

1706 E. SEMORAN BLVD. SUITE 130

City APOPKA

FL

32703

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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **SIMMONS, CYNTHIA C**
 CITY-ST-ZIP **1706 EAST SEMORAN BOULEVARD SUITE 130**
APOPKA FL 32703

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SIMMONS, SHELBY T**
 CITY-ST-ZIP **1706 EAST SEMORAN BOULEVARD SUITE 130**
APOPKA FL 32703

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

TITLE ☐ Delete
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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 #

JUNE 7, 2000