

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90096 017 \*\*\*150.00

**DOCUMENT # P99000100078**

1. Entity Name  
**SWEET ART TATTOO, INC.**

*R*

Principal Place of Business

**16 NORTH STREET NORTH  
 ST PETERSBURG FL 33710**

Mailing Address

**16 NORTH STREET NORTH  
 ST PETERSBURG FL 33710**

2. Principal Place of Business

**16 Ninth Street North**

Suite, Apt. #, etc.

3. Mailing Address

**16 Ninth Street North**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
**33710**

Country  
**Pinellas**

Zip  
**33710**

Country  
**Pinellas**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **William H. Krödel & Assoc,**

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

**4437 Central Ave.**

City **St. Petersburg** **FL** Zip Code **33713**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/17/2000**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PST** ☐ Delete  
 NAME **EAMES, JOHN K**  
 STREET ADDRESS **16 NORTH STREET NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☐ Delete  
 NAME **EAMES, JOHN K**  
 STREET ADDRESS **16 NORTH STREET NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

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  
 STREET ADDRESS **16 Ninth Street North**  
 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **16 Ninth Street North**  
 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE ☐ Change ☐ Addition  
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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]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)