

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90183 002 ***150.00

DOCUMENT # P99000103342

1. Entity Name
NAN'S AND AMY'S CREATIONS STATION, INC.

Principal Place of Business
2995 TYRONE BLVD. NORTH
ST. PETERSBURG FL 33710

Mailing Address
2995 TYRONE BLVD. NORTH
ST. PETERSBURG FL 33710

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 **59-3603844**

Applied For

Not Applicable

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

831900



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TELESE, SHELBY
3800 GULF BLVD., #2
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name **Shelby Telase**
 Street Address (P.O. Box Number is Not Acceptable) **5940 PELICAN BAY PLAZA #605**
ST PETERSBURG
 City **FL** Zip Code **33707**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TELESE, SHELBY**
STREET ADDRESS **5103 QUEEN PALM TERR N.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **D** ☐ Delete
NAME **CLOSTERMAN, AMY E**
STREET ADDRESS **166-35TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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 **V.P. OWNER** ☒ Change ☐ Addition
NAME **Telese, Shelby**
STREET ADDRESS **5940 Pelican Bay Plaza #605**
CITY-ST-ZIP **St. Petersburg, FL 33707**

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

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

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: Shelby Telase
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 727-345-3020
 Date Daytime Phone #

CR2E034 (9/01)