

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111366

1. Entity Name

JACQUELINE'S OF TREASURE ISLAND, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90045 029 ***150.00

Principal Place of Business

Mailing Address

139 WALL ST
REDINGTON SHORES FL 33708

139 WALL ST
REDINGTON SHORES FL 33708

2. Principal Place of Business

3. Mailing Address

279 107th Ave.

139 WALL STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TREASURE ISLAND, FL

REDINGTON SHORES, FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33706

PINELLAS

33708

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JACQUELINE D
139 WALL ST
REDINGTON SHORES FL 33708

Name *SAME*

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

City

FL

Zip Code

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 *JACQUELINE D. JOHNSON*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jacqueline D Johnson 2-21-2000

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 \$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	PTD	<input type="checkbox"/> Delete
NAME	JOHNSON, JACQUELINE D	
STREET ADDRESS	139 WALL ST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JOHNSON, CALVIN D II	
STREET ADDRESS	139 WALL ST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Jacqueline D Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-2000

727-363-6395

CR2E034 (9/99)