

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91565 029 ***150.00

DOCUMENT # S46320

1. Entity Name
FAVORITE FINDS, INC.

Principal Place of Business
**10 MARCO LAKE DR
 MARCO ISLAND FL 33937**

Mailing Address
**213 SHADOWRIDGE COURT
 MARCO ISLAND FL 34145**

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 **65-0257903**

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

**CHESTNUT, DIANE G.
 213 SHADOWRIDGE CT
 MARCO ISLAND FL 34145**

Name

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

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPT
 CHESTNUT, DIANE G.
 213 SHADOWRIDGE CT
 MARCO ISLAND FL** ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
**D
 GREENE, UNA L
 %CHESTNUT 213 SHADOWRIDGE CT
 MARCO ISLAND FL 34145** ☒ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Diane G. Chestnut
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01 941-394-2725
 Date Daytime Phone #

CR2E034 (10/00)

To Whom it May Concern, ^{Attachment} 546320
768022

Please consider the removal
of the late filing penalty
caused by the death of my
mother who is shown on
the report "Una L Greene".

She had an accident which
resulted in her death - this
caused a great hardship to
my business as I was
unable to handle my business
affairs and care for her
at the same time. Thank you
for your consideration
enclosed K# 3640 for 2001
annual report in the amount of
\$150.⁰⁰. Sincerely, Diane Chestnut