

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58844

1. Entity Name

TINKERBELLE, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90076 032 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O BARBARA E. GRIFFITH  
7269 GOLF COLONY COURT #102  
LAKE WORTH FL 33467

C/O BARBARA E. GRIFFITH  
7269 GOLF COLONY COURT #102  
LAKE WORTH FL 33467-8878  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 201

Suite, Apt. #, etc.

# 201

City & State

City & State

4. FEI Number

65-0278444

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DENT, JOHN C., JR.  
1844 MAIN ST  
SARASOTA FL 34236

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, 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	PVPT	<input type="checkbox"/> Delete
NAME	GRIFFITH-JORGENSEN, BARBARA	
STREET ADDRESS	7269 GOLF COLONY CT #102	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	S	<input type="checkbox"/> Delete
NAME	JORGENSEN, WILLIAM C	
STREET ADDRESS	7269 GOLF COLONY COURT, #201	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-00

561-433-1042

CR2E034 (9/99)