

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90033 035 ***150.00

DOCUMENT # S58844

1. Entity Name

TINKERBELLE, INC.

Principal Place of Business

C/O BARBARA E. GRIFFITH
7269 GOLF COLONY COURT #201
LAKE WORTH FL 33467
US

Mailing Address

C/O BARBARA E. GRIFFITH
7269 GOLF COLONY COURT #201
LAKE WORTH FL 33467
US

101016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

To BARBARA E. GRIFFITH-JORGENSEN → Sm

3. Mailing Address

Sm

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7269 GOLF COLONY CT #201 →

Sm

City & State

City & State

LAKE WORTH FL →

Sm

Zip

Country

Zip

Country

33467

USA

Sm

Sm

4. FEI Number **65-0278444**

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

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, 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 **PVPT** ☐ Delete
NAME **GRIFFITH-JORGENSEN, BARBARA**
STREET ADDRESS **7269 GOLF COLONY CT #102**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☒ Change ☐ Addition
NAME **#201**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **JORGENSEN, WILLIAM C**
STREET ADDRESS **7269 GOLF COLONY COURT, #201**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara E. Griffith-Jorgensen **3-16-01** **561-433-1092**
Date Daytime Phone #

CR2E034 (10/00)