

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90729 006 ***150.00

DOCUMENT # L04067

1. Entity Name

ELDA'S BRIDAL BOUTIQUE, INC.

Principal Place of Business

1168 W. NEW HAVEN AVENUE
 WEST MELBOURNE FL 32904
 US

Mailing Address

1168 W. NEW HAVEN AVENUE
 WEST MELBOURNE FL 32904
 US

2. Principal Place of Business

1160 West New Haven Avenue

3. Mailing Address

1160 West New Haven Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Melbourne, Florida

City & State

West Melbourne Florida

Zip

32904

Country

US

Zip

32904

Country

US

4. FEI Number

59-2962599

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

PALSIS, KRISTINE

3526 EGRET DRIVE 900 Spring Oak Drive
 MELBOURNE FL 32901 Melbourne FL 32901

7. Name and Address of New Registered Agent

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

Kristine Palsis

4-18-02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 ST PALSIS, KRISTINE 3526 EGRET DR 900 Spring Oak Drive
 MELBOURNE FL 32901

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 P CASSAR, ELDA 5585 CORDGRASS LANE
 MELBOURNE BEACH FL 32951

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE 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:

Kristine M Palsis Kristine M Palsis (321) 984-7192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)