

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90169 014 \*\*\*150.00

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**DOCUMENT # P01000024465**

1. Entity Name  
**A BRIDE'S BEST FRIEND, INC.**

Principal Place of Business Mailing Address  
**10027 CRYSTALLINE CT 10027 CRYSTALLINE CT**  
**ORLANDO FL 32836 ORLANDO FL 32836**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**10027 Crystalline Ct 10027 Crystalline Ct**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Orlando FL** City & State **Orlando FL** 4. FEI Number **59 3713690** Applied For  
 Not Applicable  
 Zip **32836** Country **USA** Zip **32836** Country **USA** 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  
**NOVICK, FAYE** Name  
**10027 CRYSTALLINE CT** Street Address (P.O. Box Number is Not Acceptable)  
**ORLANDO FL 32836** 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 Faye Novick DATE 4/10/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <del>Faye Novick</del> <b>Lori Eidredge</b> <del>10027 Crystalline Ct</del> <b>6165 Raleigh</b> <b>Orlando, FL 32835 #1523</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Faye Novick</b> <b>10027 Crystalline Ct</b> <b>Orlando, FL 32836</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Faye Novick SIGNATURE REQUIRE Faye Novick 4/10/02 407 226 1914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)