

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0396489 AV

DOCUMENT # P01000027866

1. Entity Name
2GIRLZ, INC.

04-01-2002 90631 015 ***150.00

Principal Place of Business Mailing Address
354 MARS AVE **354 MARS AVE**
TEQUESTA FL 33469 **TEQUESTA FL 33469**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **651084783** 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 | | | | | |
| SCILABRO, CATHERINE M 354 MARS AVE TEQUESTA FL 33469 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCILABRO, CATHERINE M | NAME | |
| STREET ADDRESS | 354 MARS AVE | STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIS, JANE M | NAME | |
| STREET ADDRESS | 5800 NORTH FLAGLER DRIVE #1503 | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33407 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Catherine M. Scilabro* **3/19/02** **561-626-2262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)