## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000000222 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name FOREVER YOUNG CHRISTMAS SHOPPE, INC. 04-18-2000 90237 050 \*\*\*150.00 Principal Place of Business Mailing Address 3117 OCEAN DRIVE 3117 OCEAN DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963-1955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRÎTE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3483793-Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENDER, ELAINE Street Address (P.O. Box Number is Not Acceptable) 2065 19TH AVE. SW. VERO BEACH FL 32962 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Change ☐ Addition TITLE Delete BENDER, ELAINE NAME NAME 3117 OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Change Addition ☐ Delete TITLE TITLE SLEEMAN, WILLIAM J NAME NAME 3117 OCEAN DRIVE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE 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: -

Paine Bender 4-12-00 541.