

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90153 011 ***550.00

DOCUMENT # P99000080420

1. Entity Name
ACCESSORIES 4 LESS, INC. ✓

Principal Place of Business Mailing Address
5660 COMMERCE DRIVE STE 3 ORLANDO FL 32839 **5660 COMMERCE DRIVE STE 3 ORLANDO FL 32839**

2. Principal Place of Business 3. Mailing Address
5525 FORCE FOUR PKWY **5525 FORCE FOUR PKWY**
 Suite, Apt. #, etc. **N/A** Suite, Apt. #, etc. **N/A**

City & State **ORLANDO, FL** City & State **ORLANDO, FL**
 Zip **32839-2769** Country **USA** Zip **32839-2969** Country **USA**

4. FEI Number **59-3598665** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SABBARESE, MARK I
5660 COMMERCE DRIVE STE 3
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name **MARK SABBARESE**
 Street Address (P.O. Box Number is Not Acceptable) **5525 FORCE FOUR PARKWAY**
 City **ORLANDO** FL Zip Code **32839-2769**

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 _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME	SABBARESE, MARK I
STREET ADDRESS	5660 COMMERCE DRIVE STE 3
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	D <input type="checkbox"/> Delete
NAME	DEBEUS, RAYMOND
STREET ADDRESS	5660 COMMERCE DRIVE STE 3
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABBARESE, MARK I
STREET ADDRESS	5525 FORCE FOUR PARKWAY
CITY-ST-ZIP	ORLANDO, FL 32839-2969
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBEUS, RAYMOND
STREET ADDRESS	5525 FORCE FOUR PARKWAY
CITY-ST-ZIP	ORLANDO, FL 32839-2969
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARK SABBARESE **MARK SABBARESE** 7-12-00 407-8543385
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EM14 (5/00)