

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90053 039 \*\*\*\*50.00

**DOCUMENT # L01000005687**

1. Entity Name  
**ACCENT ON THREADS & PROMOTIONS, LLC**



Principal Place of Business 250 NATIONAL PLACE, UNIT 192 LONGWOOD FL 32750	Mailing Address 250 NATIONAL PLACE, UNIT 192 LONGWOOD FL 32750
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2. Principal Place of Business 525 S. CR 427	3. Mailing Address 525 S. CR 427
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Suite, Apt. #, etc. Suite 153	Suite, Apt. #, etc. Suite 153
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City & State Longwood, FL	City & State Longwood, FL
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Zip 32750	Country USA	Zip 32750	Country USA
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4. FEI Number 59-3715128	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HODGES, GEORGE**  
**585 SOUTH CR-427, SUITE 121**  
**LONGWOOD FL 32750-5462**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>COHEN, GAIL J</b> <b>250 NATIONAL PLACE, UNIT 192</b> <b>LONGWOOD FL 32750</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Carol L Colosimo</b> <b>1310 Carlson Dr.</b> <b>Orlando, FL 32804</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Carol L Colosimo **SIGNATURE REQUIRED** Carol L Colosimo, MGRM 4/29/02 407-831-3811  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)