2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 304653 Jan 14, 2000 8:00 am Secretary of State 1. Entity Name RENEE'S HOUSE OF FASHIONS INC. 01-14-2000 90051 042 ***150.00 Mailing Address Principal Place of Business 311 JOHN RINGLING BLVD 311 JOHN RIGLING BLVD. SARASOTA FLA 34236-1320 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1119579 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARD MEYER, MARY D Street Address (P.O. Box Number is Not Acceptable) 311-JOHN RINGLING BLVD -- -SARASOTA FL 33577 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent (NOTE: Regis FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D۷ TITI F PRESIDENT Change ☐ Addition Delete TITLE MEYER, MARY D NAME Stward C. Meyer. NAME JOHN RINGTING BLUG STREET ADDRESS STREET ADDRESS 311 JOHN RINGLING BLVD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition TITLE TITLE MEYER, EDWARD C NAME I JOHN RINGTING BUYEL. 311 JOHN RINGLING BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Addition TITLE MEYER, EDWARD C I NAME 311 JOHN RINGLING BLVD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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-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 descent 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 attackment with an address, with all other like empowered.