

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 400696****1. Entity Name**  
**CARAVAN FASHIONS, INC.****FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90297 012 \*\*\*150.00

**Principal Place of Business**123 S. KENTUCKY AVE.  
LAKELAND FL 33801  
US**Mailing Address**140 LAKEVIEW DR.  
AUBURNDAL FL 33823  
US

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** 59-1390265Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**JESTER, BETTY A  
140 LAKEVIEW DRIVE  
AUBURNDAL FL 33823**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**  
**After MAY 1, 2001 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**TITLE PD  
NAME JESTER, BETTY A  
STREET ADDRESS 140 LAKEVIEW DR.  
CITY-ST-ZIP AUBURNDAL FL 00000 ☐ DeleteTITLE D  
NAME JESTER, JACK  
STREET ADDRESS 140 LAKEVIEW DR.  
CITY-ST-ZIP AUBURNDAL FL ☐ DeleteTITLE D  
NAME WHITEHEAD, JACQUE  
STREET ADDRESS 2131 KINGSWOOD CT  
CITY-ST-ZIP LAKELAND FL ☐ DeleteTITLE D  
NAME WHITEHEAD  
STREET ADDRESS 2131 KINGSWOOD CT  
CITY-ST-ZIP LAKELAND FL ☐ DeleteTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)