

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90245 016 ***150.00

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DOCUMENT # 400696

1. Entity Name
CARAVAN FASHIONS, INC.

Principal Place of Business
123 S. KENTUCKY AVE.
LAKELAND FL 33801
US

Mailing Address
140 LAKEVIEW DR.
AUBURNDAL FL 33823
US



2. Principal Place of Business
106 E. Lake Ave
 Suite, Apt. #, etc.

3. Mailing Address
Same as above
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Auburndale FL
 Zip **33823** Country **USA**

4. FEI Number **59-1390265**
 Applied 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 *Betty A. Jester*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/02
 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, 2002 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	<input type="checkbox"/> Delete
NAME	JESTER, BETTY A	
STREET ADDRESS	140 LAKEVIEW DR.	
CITY-ST-ZIP	AUBURNDAL FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	JESTER, JACK	
STREET ADDRESS	140 LAKEVIEW DR.	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHEAD, JACQUE	
STREET ADDRESS	2131 KINGWOOD CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHEAD	
STREET ADDRESS	2131 KINGWOOD CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Betty A. Jester*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 *863-968-0932*
 Date Daytime Phone #

CR2E034 (9/01)