

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 013 ***150.00

0435479 AV

DOCUMENT # 499246

1. Entity Name
MY-ANN LINGERIE SHOPPE, INC.



Principal Place of Business
**7400 N. FEDERAL HWY
BOCA RATON FL 33487**

Mailing Address
**7400 N. FEDERAL HWY
BOCA RATON FL 33487**

2. Principal Place of Business
Store Closed
Suite, Apt. #, etc.

3. Mailing Address
4514 Cypress Knee Dr.
Suite, Apt. #, etc.

City & State

City & State
BOCA RATON, FL

4. FEI Number **59-1637746**

Applied For
Not Applicable

Zip

Country

Zip

33487

Country

Palm Beach

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHOAF, KERMIT G.
575 NORTHWEST 7TH
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SHOAF, KERMIT G.**
STREET ADDRESS **575 N.W. 7TH ST.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD** ☐ Delete
NAME **SHOAF, LOIS E.**
STREET ADDRESS **575 N.W. 7TH ST.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **T** ☐ Delete
NAME **QUACKENBUSH, DEBORAH L.**
STREET ADDRESS **4514 CYPRESS KNEE DR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah L. Quackenbush*
Treasurer

4/29/03 (561)994-2751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)