

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516114

1. Entity Name  
FILLES EXCHANGE, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90003 034 \*\*\*558.75

Principal Place of Business  
C/O DESROSIERS  
1070 EGERT LAKE WAY  
MELBOURNE FL 32940  
US

Mailing Address  
C/O DESROSIERS  
1070 EGERT LAKE WAY  
MELBOURNE FL 32940  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1890681

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISQUE, PHILIP A  
707 S.E. 3RD AVE  
SUITE 400  
FT LAUDERDALE FL 33316-8155

Name SHEILA G. DESROSIERS  
Street Address (P.O. Box Number is Not Acceptable) 1070 EGERT LAKE WAY  
MELBOURNE, FL 32940  
City MELBOURNE FL Zip Code 32940

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 *Sheila G. Desrosiers* SHEILA G. DESROSIERS 8/9/00  
(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DISQUE, PHILIP A	
STREET ADDRESS	707 SE 3RD AVE., #400	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DESROSIERS, SHEILA	
STREET ADDRESS	1070 EGERT LAKE WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAUREL, LEON	
STREET ADDRESS	1070 EGERT LAKE WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sheila G. Desrosiers* SHEILA G. DESROSIERS 8/9/00 321-242-6646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)