

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 593216

1. Entity Name
FASHION KING, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90186 016 ***150.00

00035535



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5156-1 NORWOOD
JACKSONVILLE FL 32208

5156-1 NORWOOD
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1862994

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MENAGED, JOSEPH
5222 NORWOOD AVENUE
JACKSONVILLE FL 32208
5/56-1

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME MEYER, JOSEPH GREGORY
STREET ADDRESS 10137 HOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME MENAGED, MARTHA
STREET ADDRESS 6217 LAKE LUGANO DR.
CITY-ST-ZIP JACKSONVILLE BCH. FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10006 Vineyard Lake Rd
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☒ Delete
NAME MENAGED, JOSEPH
STREET ADDRESS 6217 LAKE LUGANO DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10006 Vineyard Lake Rd.
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Delete
NAME MEYER, DAVID
STREET ADDRESS 1456 TLABOT AVENUE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

3/22/01

Date

904-768-4430

Daytime Phone #

CR2E034 (10/00)