2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Nam	MENT # 82605 ADIES SHOPS, INC.			FILED 03 APR 22 AM 9: 10	
Principal Place of Business S.W. FLORIDA REGINAL AIRPORT 16000 CHAMBERLAIN PKWY. SUITE #8873 FT. MYERS FL 33913 US		Mailing Address 5950 FULTON IND.BLVDS P.O.BOX 43485 ATLANTA GA 30336	.w.	SECRETARY OF STATE FALLAHASSFE, FLORIDA	
·	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State		4. FEI Number 58-0839094 Applied For Not Applicable	
Zip	Country	Zip ·	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
1200 S. P	ORATION SYSTEM PINE ISLAND ROAD ON FL 33324		Street Addre	Satisf barrier Company ss (P.O. Box Number is Not Acceptable) Hays Street FL Zip Code	
the obligat SIGNATURE . FI After	named entity submits this statement in ions of registered agent. Signature typed or printed name of registered agent a like HOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 t Payable to Florida Department of	Brian Cou Asst. V		stered agent, or both, in the State of Florida. I am familiar with, and accept State of Florida State of Florida State of Florida	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, RICHARD 5950 FULTON IND BLVD ATLANTA GA 30336	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400017078154 04/25/03-01019-002 **200.00 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARADIES, JAMES 5950 FULTON IND BLVD SW ATLANTA GA 33036	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF MAREK, DON 5950 FULTON INDUSTRIAL BLVD ATLANTA GA 30336	□ Delete	TITLE NAME STREET ADDRESS CITY*ST-ZIP	☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that m wered to execute this report a	y signature shall have t	Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	