

2000 UNIFORM BUSINESS REPORT (UBR)

0011017 1

DOCUMENT # **A32456**

1. Entity Name

SIMPLY FASHION STORES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 8:59

Principal Place of Business

**2500 CRESTWOOD BLVD.
IRONDALE AL 35210-2053
US**

Mailing Address

**P.O. BOX 188
BIRMINGHAM AL 35201-0188
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1056230

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$210,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P40692**
NAME **SIMPLY FASHN STORES, INC.**
STREET ADDRESS **2500 CRESTWOOD BLVD.**
CITY - ST - ZIP **IRONDALE AL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

600003169156--5

-03/14/00--01089--007

******526.25 ****526.25**

STREET ADDRESS

CITY - ST - ZIP

ny 2/9/00

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to file this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

2/22/00

205/951-1711

Date

Daytime Phone #

CR2E003 (9/99)