Daytime Phone #

2002 Uniform Business Report (UBR)

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Apr 01, 2002 8:00 am & Secretary of State **F27009** DOCUMENT # 1. Entity Name B. RISQUE' FASHIONS, INC. Principal Place of Business Mailing Address C/O BONNIE LEE BARLOW C/O BONNIE LEE BARLOW B0056224 1026 US HWY 19 1026 US HWY 19 HOLIDAY FL 34691 HOLIDAY FL 34691 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2086885 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARLOW, BONNIE LEE Street Address (P.O. Box Number is Not Acceptable) **1706 PINETREE** HOLIDAY FL 34690 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition CR2E034 (9/01 ☐ Delete TITLE ☐ Change TITLE BARLOW, BONNIE NAME NAME STREET ADDRESS 5423 FRONT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP |HOLIDAY, FLORIDA 33590 ☐ Addition TITLE ☐ Delete TITLE ☐ Change BARLOW, BARBARA NAMÉ STREET ADDRESS STREET ADDRESS 780 BRITTAN PARK BLVD CITY-ST-ZIP tarpon spricgs fl CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROBSON, CRYSTAL NAME NAME STREET ADDRESS STREET ADDRESS 7363 JASMINE DR. CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 equation by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if