2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F27009 1. Entity Name



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90032 004 ***150.00

UE' FASHIONS, INC.							
ce of Business E LEE BARLOW VY 19 . 34691	Mailing Address C/O BONNIE LEE BARLOW 1026 US HWY 19 HOLIDAY FL 34691						
2. Principal Place of Business 3			1 EBB1100 FILE FIRM FOR FIRM BOLL BOLL BOLL BOLL BOLL BOLL	BIOTI BIBII DIDIL BIBII DIBIL IBBI			
#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHECK HERE IF MAKING CHANGES			
e ~	City & State		4. FEI Number 59-2086885	Applied For Not Applicable			
Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered	Agent			
		Name	-				
, Bonnie Lee			0. 111. (0.0 5.11)				
1706 PINETREE		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
FI 34690		-					
1 2 04000							
		City	FL	Zip Code			
named entity submits this statement for	or the purpose of changing its	registered office or re	edistered agent, or both, in the State of Florida. Lam	familiar with and accept			
ions of registered agent.		3	general agents of board, in the brand of horizon, fair	arimar with, and accept			
				}			
Signature, typed or printed paine of registered agent	and title if applicable. (NOTI	E: Registered Agent signature i	required when reinstating) DATF				
U E NOWILL EEE IC #450.00			T*				
			9. Election Campaign Financing	_ \$5.00 May Be			
	of State		Trust Fund Contribution.				
		I 11	ADDITIONS (CHANGES TO OFFICERS AND	DIDECTORS IN 14			
			ADDITIONS/CHANGES TO OFFICERS AND				
•	□ Delete			☐ Change ☐ Addition 8			
5423 FRONT DR.		STREET ADDRESS		5			
HOLIDAY, FLORIDA 33590		CITY-ST-ZIP		780			
VP	☐ Delete	TITLE	. 10	Change Addition			
	Country 1. Address of Curren 2. Country 2. Country 3. Country 4. Address of Curren 4. BONNIE LEE 1. ETREE 2. FL 34690 1. Country submits this statement from of registered agent 3. Signature, typed or printed paine of registered agent 4. Country 6. Name and Address of Curren 7. BONNIE LEE 1. IETREE 7. FL 34690 1. Country 6. Name and Address of Curren 7. BONNIE LEE 1. IETREE 7. FL 34690 1. Country 6. Name and Address of Curren 7. BONNIE LEE 1. IETREE 7. FL 34690 1. Country 6. Name and Address of Curren 7. BONNIE LEE 1. IETREE 7. FL 34690 1. Country 6. Name and Address of Curren 6. Name and Address of Curren 7. BONNIE LEE 1. IETREE 7. FL 34690 1. Country 6. Name and Address of Curren 7. BONNIE LEE 1. Country 6. Name and Address of Curren 7. BONNIE LEE 1. Country 6. Name and Address of Curren 6. Name and Address of Curren 7. BONNIE LEE 1. Country 6. Name and Address of Curren 7. BONNIE LEE 1. Country 6. Name and Address of Curren 6. Name and Address of Curren 7. BONNIE LEE 1. Country 6. Name and Address of Curren 6. Name and Address of Curren 7. BONNIE LEE 1. Country 6. Name and Address of Curren 6. Name	The of Business E LEE BARLOW If 19 It 1026 US HWY 19 It 1026 US HWY 19 HOLIDAY FL 34691 Place of Business 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent If BONNIE LEE IETREE IF L 34690 In amed entity submits this statement for the purpose of changing its ions of registered agent. Signature, typed or printed paine of registered agent and title if applicable. (NOT) ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Reyable to Florida Department of State OFFICERS AND DIRECTORS P BARLOW, BONNIE 5423 FRONT DR. HOLIDAY, FLORIDA 33590	De of Business ELEE BARLOW WY 19 C/O BONNIE LEE BARLOW WY 19 Ade91 Diace of Business #, etc. City & State Country C	The of Business If LEE BARLOW OF BONNIE LEE And Halling Address C/O BONNIE LEE BARLOW OF BUSINESS A Mailing Address C/O BONNIE LEE BARLOW OF BUSINESS A Mailing Address C/O BONNIE LEE BARLOW OF BUSINESS A Mailing Address C/O BONNIE LEE BARLOW OF BUSINESS A Mailing Address C/O BONNIE LEE CHECK HERE IF MAKING CHECK HERE IF MAKING CHECK HERE IF MAKING CHECK HERE IF MAKING COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY COUNTRY S. Certificate of Status Desired Name Name Address of Current Registered Agent 7. Name and Address of New Registered Name Street Address (P.O. Box Number is Not Acceptable) City FL City FL Name and Address of Florida. I am ions of registered agent agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE LEE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND P BARLOW, BONNIE STREET ADDRESS CITY-ST-ZIP CITY TILE NAME STREET ADDRESS CITY-ST-ZIP CITY STREET ADDRESS CITY-ST-ZIP			

CITY-ST., ZIP	HOLIDAY, FLORIDA 33590		CITY-ST-ZIP				}
TITLE NAME STREET ADDRESS - CITY-ST=ZIP	VP BARLOW, BARBARA 780 BRITTAN PARK BLVD TARPON SPRICGS FL	☐ Delete	TITLE NAME STREET-ADDRESS > CITY-ST-ZIP	÷ -		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBSON, CRYSTAL 7363 JASMINE DR. NEW PORT RICHEY FL	☐ 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		☐ Delete	TITLE		. 7 .	☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 anapter 37. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: K

STREET ADDRESS

CITY-ST-ZIP