2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State
04-25-2001 90113 034 ***150.00

DOCUMENT # F39103

1. Entity Name
RE GALS FASHIONS, INC.

Principal Place of Business	Mailing Address
1885 HWY. 90 W. LAKE CITY FL 32055 US	1885 HWY. 90 W. LAKE CITY FL 32055 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2115184 ☐ Applied For ☐ Not Applicable

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
STEPHENS, SONJA J 1885 HWY. 90 W. LAKE CITY FL 32055-6813	Name: Charles R. Stephens Street Address (P.O. Box Number is Not Acceptable): 1885 Hwy. 90 West City: Lake City FL Zip Code 32055

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 Charles R Stephens (signature) Charles R Stephens DATE 10 MAY 01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEPHENS, SONJA J 1885 HW 90 WEST LAKE CITY, FL 00000 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Charles R. Stephens 1885 Hwy 90 West Lake City, FL 32055 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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) Charles R. Stephens — Date: 19 APR 01 — Daytime Phone #: 386 904-755-2563