

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42735

1. Entity Name

CANALI COLLECTION, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90007 046 ***150.00

00003155



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7770 E CAMELBACK RD SUITE 23 SCOTTSDALE AZ 85251 US	Mailing Address C/O THOMAS GOODRICH 4190 BELFORT RD., SUITE 150 PARK CENTER JACKSONVILLE FL 32216-5885 US
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2. Principal Place of Business 4190 BELFORT RD. #200 Suite, Apt. #, etc. 200 City & State JACKSONVILLE, FL Zip 82216 Country FLORIDA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2121838	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOODRICH, THOMAS W 4190 BELFORT RD. SUITE 150, PARK CENTER JACKSONVILLE FL 32216
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7. Name and Address of New Registered Agent Name CAROLYN GOODRICH Street Address (P.O. Box Number is Not Acceptable) 4190 BELFORT RD., SUITE 200 City JACKSONVILLE FL Zip Code 82216

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 <i>Carolyn Goodrich, Pres</i> DATE 1/11/00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC GOODRICH, CAROLYN C. 7770 E CAMELBACK RD #23 SCOTTSDALE AZ
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC GOODRICH, CAROLYN C. 4190 BELFORT RD., #200 JACKSONVILLE, FL 82216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <i>Carolyn Goodrich</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 1/11/00 Date	DAYTIME PHONE: 904-332-0444 Daytime Phone #
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CR2E034 (9/99)