

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90343 037 ***150.00

DOCUMENT # F58192

1. Entity Name
MIS' GINNY'S, INC.



Principal Place of Business
**1502 N PARSONS AVE.
BRANDON FL 33510
US**

Mailing Address
**PO BOX 1070
BRANDON FL 33509
US**



2. Principal Place of Business

3. Mailing Address

209 EXCALIBUR COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

BRANDON FL

4. FEI Number **59-2140906**

Applied For
Not Applicable

Zip

Country

33511-8083

Country

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

HARRELSON, ALBERT RAY

**5112 SOUTH POINTE DR - 209 EXCALIBUR CT
INVERNESS FL 34450 - BRANDON FL 33511**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HARRELSON, ALBERT RAY**
STREET ADDRESS **5112 SOUTH POINTE DR**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☒ Change ☐ Addition
NAME **209 EXCALIBUR COURT**
STREET ADDRESS **BRANDON FL 33511-8083**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HARRELSON, VIRGINIA**
STREET ADDRESS **5112 SOUTH POINTE DR**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☒ Change ☐ Addition
NAME **209 EXCALIBUR COURT**
STREET ADDRESS **BRANDON FL 33511-8083**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ALBERT RAY HARRELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 813651153
Date Daytime Phone #

CR2E034 (10/02)