

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004065

1. Entity Name

ANN SUMMERS USA, INC.

FILED

Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90045 029 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O DORRA SHAW CHAPLIN & DUGAN  
270 5TH COUNTY RD  
PALM BEACH FL 33480  
US

C/O DORRA SHAW CHAPLIN & DUGAN  
270 5TH COUNTY RD  
PALM BEACH FL 33480  
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0683691

Applied For

Not Applicable

Zip

Country

Zip

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	GOLD, TINA	
STREET ADDRESS	1665 BRANDYWINE RD #4112	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, JULIE	
STREET ADDRESS	GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE	
CITY-ST-ZIP	SURREY CR3 0EA, ENGLAND	
TITLE	T	<input type="checkbox"/> Delete
NAME	UNADKAT, P G	
STREET ADDRESS	GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE	
CITY-ST-ZIP	SURREY CR3 0EA, ENGLAND	
TITLE	C	<input type="checkbox"/> Delete
NAME	GOLD, JACQUELINE	
STREET ADDRESS	GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE	
CITY-ST-ZIP	SURREY CR3 0EA, ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, DAVID	
STREET ADDRESS	GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE	
CITY-ST-ZIP	SURREY CR3 0EA, ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, RALPH	
STREET ADDRESS	GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE	
CITY-ST-ZIP	SURREY CR3 0EA, ENGLAND	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Daytime Phone #

CP2E034 (9/99)