

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # F96000004065**

1. Entity Name  
**ANN SUMMERS USA, INC.**

Principal Place of Business <b>C/O DORRA SHAW CHAPLIN &amp; DUGAN          270 5TH COUNTY RD          PALM BEACH FL 33480          US</b>	Mailing Address <b>C/O DORRA SHAW CHAPLIN &amp; DUGAN          270 5TH COUNTY RD          PALM BEACH FL 33480          US</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0683691** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOLD, TINA</b> <b>1665 BRANDYWINE RD #4112</b> <b>WEST PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HARRIS, JULIE</b> <b>GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE</b> <b>SURREY CR3 0EA, ENGLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>UNADKAT, P G</b> <b>GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE</b> <b>SURREY CR3 0EA, ENGLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GOLD, JACQUELINE</b> <b>GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE</b> <b>SURREY CR3 0EA, ENGLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLD, DAVID</b> <b>GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE</b> <b>SURREY CR3 0EA, ENGLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLD, RALPH</b> <b>GADOLINE HOUSE, 2 GODSTONE RD, WHYTELEAFE</b> <b>SURREY CR3 0EA, ENGLAND</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tina Gold 1/31/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)