

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90046 046 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H06661

1. Entity Name

ACT II SHOPPE OF BRANDON, INC.

DO NOT WRITE IN THIS SPACE

29861

2. Principal Place of Business

155 BLOOMINGDALE AVE E.

3. Mailing Address

203 S. PARSONS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

BRANDON, FL

City &amp; State

BRANDON, FL

4. FEI Number

59-2411268

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33511

Country

USA

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

7. Name and Address of Current Registered Agent

Name

MARIE E. HOWARD

Street Address (P.O. Box Number is Not Acceptable)

1288 CANDLENUT AVE SOUTH

City

HOMOSASSA

FL

Zip Code

34448

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IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD
NAME	HOWARD, MARY E.
STREET ADDRESS	1288 CANDLENUT AVE SOUTH
CITY-ST-ZIP	HOMOSASSA, FL 34448

TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

Marry E Howard, Pres MARY E. HOWARD

4-19-02 813-685-5095

Date

Daytime Phone #

CR2E034B (12/01)