

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H27425

1. Entity Name

FASHION BUG PLUS OF NORTH FT. MYERS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90134 001 *3,450.00

9519



DO NOT WRITE IN THIS SPACE

Principal Place of Business
13482 US 41 N.
450 WINKS LANE
N. FT. MYERS FL 33903
US

Mailing Address
450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020-5919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2361024**
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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DORRITT, BERN	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	V	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN J	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERN, DORRIT J	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	SPECTOR, ERIC	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

JOHN J. SULLIVAN

Date

2/15/00

Daytime Phone #

215 638 6739

CR2E034 (9/99)