

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H27430

1. Entity Name

FASHION BUG PLUS #904, INC.

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

02-28-2000 90134 001 *3,450.00

Principal Place of Business	Mailing Address
US 1 SOUTH WINKS LANE AUGUSTINE FL 32086-5762	450 WINKS LN CORPORATE LN BENSALEM PA 19020-5919 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	23-2361038	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	
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	SPECTER, 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
CITY-ST-ZIP	
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	
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.

JOHN J. SULLIVAN

SIGNATURE: _____ DATE: 2/15/00 DAYTIME PHONE #: 215 638 6739

CR2E034 (9/99)