

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90068 008 ***150.00

DOCUMENT # H47315

1. Entity Name
ANASTASIA'S FANCY, INC.



Principal Place of Business
**954 FIRST AVE N
SAINT PETERSBURG FL 33705
US**

Mailing Address
**954 FIRST AVE N
SAINT PETERSBURG FL 33705
US**



2. Principal Place of Business

**26821 SOUTH BAY DR
Suite, Apt. #, etc.
STE 110**

3. Mailing Address

**26821 S. BAY DR
Suite, Apt. #, etc.
STE 110**

☐ CHECK HERE IF MAKING CHANGES

City & State
BONITA SPRINGS

City & State
BONITA SPRINGS

4. FEI Number **59-2513783**

Applied For
Not Applicable

Zip Country
FL 34134

Zip Country
FL 34134

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

6. Name and Address of Current Registered Agent

**LAUGHLIN, CAROL H.
1120 24TH AVE N.
SAINT PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
26821 S. BAY DR STE 110
City **BONITA SPRINGS FL** Zip Code **34134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol H. Laughlin* *President* *3/24/03*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAUGHLIN, CAROL H.	
STREET ADDRESS	1120 24TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENDERSON, THERESE	
STREET ADDRESS	1200 S MISSOURI STE #361	
CITY-ST-ZIP	CLEARWATER FL 33756	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	26821 S. BAY DR STE 110	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
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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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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol H. Laughlin* *3/24/03* *239-948-1266*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)